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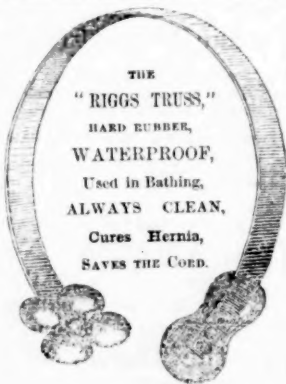
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Original Lectures.

LECTURES ON DISEASES OF THE NERVOUS SYSTEM,

DELIVERED AT THE UNIVERSITY MEDICAL COLLEGE.

BY

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LECTURE V.

GENTLEMEN: Having in my last lecture dwelt at considerable length upon the origin of convulsive diseases, I need not be very long in investigating the causes of epilepsy, which I propose now to consider. The characters of this distressing affection are really identical with those of eclampsia; and you well remember the doubt by me expressed, as to whether both were not the same morbid state capable of existing under different forms. No one, however, should mistake them. Pregnancy, and frequently albuminuria, are essential conditions connected with the productoin of eclampsia, ending either in death or recovery; while the fits are chronic in epilepsy, and if occurring during pregnancy do not have the same fatal influence over the foetus. In children, when we are not able to remove the cause of convulsions, epilepsy almost always supervenes. It is asserted that epilepsy results from an increased reflex excitability of the spinal cord, especially of the medulla oblongata, where the vaso-motory nerves take their origin. This part of the nervous system may be excited directly or through the brain (emotions); but, whichever may be the way of action, there will always be produced contraction of the bloodvessels, stoppage of the supply of blood in the brain, loss of consciousness, and general convulsions. The hypothesis that epilepsy depends upon cerebral plethora, is fully contradicted by the interesting experiments of Kussmaul and Tenner; who, on repeated occasions, have found that section of the cervical sympathetic and ligation of the jugular veins are followed by protrusion of the eyeballs, slower respiration, paralysis of the glottis, weakness in the legs, without, however, loss of consciousness, and only with slight transient convulsions. The same physicians have, on the contrary, demonstrated that sudden arterial anemia of the brain, as also faradization of the cervical sympathetic nerves, which determines permanent spasm of the bloodvessels, gives rise to epileptic fits; an observation entirely agreeing with several cases of epilepsy depending upon an obstacle in the cerebral circulation, and with the remarkable one, met with by Dr. Holst of Christiania, alluded to in my previous lecture. Let me not omit, upon this occasion, to repeat what I have already advanced concerning bloodletting in the treatment of convulsive diseases. Kussmaul and Tenner maintain that "*the debilitating method of treating epilepsy, especially by abstracting blood, should almost always be rejected.*" I have said before that Kussmaul has excited convulsions by irritation of the medulla oblongata, after ligation of the carotids, and galvanisation of the sympathetic. Callenfels has likewise discovered that irritation of the one sympathetic influences the bloodvessels only on the one side of the encephalon, thus explaining partial epilepsy, with one side of the body more convulsed than the other. But though irritation of the sympathetic has so great an influence in increasing the reflex faculty of the medulla oblongata, this faculty may also be exalted after peripheral irritation in any motor or sensitive nerve. In other instances the spinal cord itself may be the cause of epilepsy, as proved by Dr. Brown-Séquard; or the cause may be in those parts of the brain containing vaso-motory fibres, as has been pointed out in the preceding lecture. You remember that a peculiarity with these fibres is, that if irritated they persist in bringing about convul-

sions long after cessation of the mechanical irritation; a fact accounting for the liability to epilepsy observed in persons restored to life after their attempting to commit suicide by hanging. Professor Van der Kolk states, that in epilepsy, as he has ascertained in several post-mortem examinations, the medulla oblongata exhibits an abnormal vascularity exalting its excitability in the commencement of the disease, and producing afterwards a hardening from an albuminous exudation, with changes in the nutrition of the organ, resulting finally in fatty degeneration and softening. The same learned physician remarks, that in epileptics who bite their tongue, the vessels are wider in the origin and course of the hypoglossus; while in those who do not bite the tongue, the vessels in the path of the vagus are wider, and in such cases also the patient often dies during a fit. This latter observation has been three times confirmed by Dr. Kroon. It may be, nevertheless, that no manifest alteration is detected on the structure of the medulla oblongata in recent cases of epilepsy, but such a negative result does not contradict the views sustained by experiments and practical observation, that exaggerated excitability of the spinal cord is the proximate cause of epilepsy, neither is such a fact in discordance with those observed by Van der Kolk. Morbid causes do not equally act upon every subject, nor do changes in nutrition take place in an invariable manner. We are all aware of the diversity in the march of accidental products, at times running a long course and being considerably developed without great effects upon the organism; whilst, in other instances, they determine death without giving evidence of considerable change of the structure in the tissue implicated in the morbid process. It should be, however, borne in mind that epilepsy, like other convulsive diseases, causes death very often from suspended action in the respiratory and circulatory organs, which may happen before any change is produced in the structure of the nervous centres.

The paroxysm in epilepsy may be simply reduced to loss of consciousness, or it may present all the symptoms, to wit: unconsciousness, insensibility, and general convulsions. A very important fact, which Dr. Brown-Séquard insists upon with great reason, is the existence of an *aura*, sometimes unfelt or deep-seated, which mostly determines the cause of the attack, even in epilepsy from cerebral or spinal lesion, as has been ascertained by Dr. Brown-Séquard in four cases and in several experiments upon animals. This changeable warning feeling always precedes the fit, starting from a distant organ out of the nervous centres. If you have the opportunity of witnessing the outbreak of the attack, you will always observe at first a paleness of the face due to the contraction of the capillary vessels, and variable spasms of the muscles of the eye with dilatation of the pupil. To the paleness, unconsciousness and insensibility immediately follow; the subject remaining so for a short time, and afterwards regaining his mental faculties. In some cases, however, the memory only is impaired, the other faculties continuing perfect. But such an incomplete fit is only met with during the early state of the disease, and very seldom continues without changing itself into a complete one. Supervening upon the above symptoms, we have congestion of the face with laryngismus and trachealismus, crying, stoppage of breath, irregularity in the movements of the heart, and violent clonic convulsions. The tongue, being always thrust between the teeth, is wounded by their grinding; and the mouth is filled with foam. The convulsive state lasts from five to ten minutes, causing general perspiration; the shaking may be more violent in one side of the body or in one limb, and the paroxysm ceases, leaving the patient in coma or somnolence, and he may also be very much fatigued with headache. The influence of the attack upon the brain is very serious, as its frequency in children generally brings on idiocy; in adults it certainly disturbs the mind, memory may be quite lost, and the disposition of the patient become irritable. The disturbance of mind in periodical epilepsy increases before the time of each fit. In other instances,

partial paralysis is the sequel of the disease; often some of the muscles are contracted; but always during the paroxysm contracted and paralysed muscles participate in the convulsions. It is important to remark, that repeated attacks, though not violent, have greater influence upon the brain than occasional severe ones; and among the symptoms of epilepsy the most fatal to the brain is vertigo, coming on after contraction in the cerebral bloodvessels, which produces anaemia, and lastly changes in nutrition of the brain. For this reason, epileptic vertigo is generally considered more disastrous to the mind than any other form of epilepsy. Dr. Brown-Séquard has discovered, and I have myself several times ascertained, that under such circumstances the spine is tender where the sympathetic issues, therefore pressure at the level of the seventh cervical vertebrae determines more or less pain, and may even bring on a fit when often repeated. The tenderness is likewise found in the lumbar region, though not so frequently as in the cervical.

Epilepsy may happen during the sleep of the patient. Trousseau has called attention to a symptom, marked before by Romberg and others, which appears after the paroxysm, and may prove its occurrence. This sign is the existence of little ecchymoses in the eyelids, the forehead, and near the nose. I have observed them in some cases, though not constantly. I consider of greater value the wounds in the tongue and the disturbances of mind after the cessation of regular attacks.

Hereditary predisposition is one of the chief causes of epilepsy, the female sex seeming to be the most liable to it. The earlier age during which idiopathic epilepsy appears, is very important to know in connexion with the diagnosis between it and the syphilitical and symptomatic variety met with in adults. Mental emotions and strong impressions are ordinary causes of epilepsy in women and children. Injuries and diseases of the cranial bones, tumors in the dura-mater, and in those parts of the encephalon containing vaso-motory nerve fibres, may be likewise the origin of the disease; but no peripheral irritations are more common than those starting from the digestive and genito-urinary organs. Anaemia, chlorosis, derangement in menstruation, and diseases of the uterus, easily give rise to epilepsy. I have seen a case of prolapsus uteri attended with severe epilepsy; whenever the womb was not properly supported, violent fits would ensue. The connexions between diseases of the heart and epilepsy are not important; the former being generally attended with congestion of the brain, rather predisposes to paralysis, and only brings on convulsions when cerebral circulation is suddenly suspended. Syphilis is a cause of epilepsy, either producing morbid changes in the structure of the nervous system or without alteration whatever in it, which is frequently met with in adults. Though often no external evidence of syphilis can be detected, yet the convulsive disease is constantly preceded by nervous troubles, usually consisting of neuralgic pains and insomnia. These symptoms do not subside during the intervals of the paroxysms, a peculiarity distinguishing syphilitic from idiopathic epilepsy. If epilepsy is due to a syphilitic tumor of the brain, there will be constant headache, at times exceedingly acute, and a variable degree of paralysis in the limbs.

It is generally thought that epilepsy is not susceptible of successful treatment, unless connected with a cerebral lesion or injury to the cranium, or the spinal canal. We may cure it in its incipient form, and even when it has gone beyond, if we carefully endeavor to ascertain its cause, and perseveringly apply the treatment. Great attention must be devoted to the examination of an epileptic in order to detect if there be any unfelt *aura*. This examination, very much advised by Dr. Brown-Séquard, is of capital importance, as even in cerebral or spinal epilepsy, by preventing the *aura*, we can prevent the fit. Dr. Brown-Séquard applies a powerful electric current with dry conductors on the various parts of the skin of the trunk, at the moment of an expected fit, and by this means brings on the attack and ascertains the seat of the *aura*. A

tight ligature placed on each limb alternately, at the time in which the paroxysm is supposed to take place, will show by cutting it off, whether the unfelt *aura* starts from them. Though the seat of the peripheral irritation is not always discovered, great advantage, however, may be derived from a recourse to such means. The method should be resorted to by every physician. No less necessary is an attentive examination of the spine, very sensitive in case of vertigo, when repeated cauterisations should be tried with a white-heated iron in the lower part of the back of the neck. This procedure generally has a beneficial influence upon the fits. To bring about the same result the insertion of a seton, high up in the neck, is resorted to, and lately revived by Van der Kolk. The treatment in sensitive patients must begin with an issue and change it afterwards for a seton, thereby avoiding unnecessary irritation and preventing not unfrequently an extra attack. This remedy, however, is not so certain. I have seen it carried on perseveringly in several instances without success. Dashing cold water on the face stops the fit, and is the best means to reanimate movements of inspiration and prevent asphyxia. For incomplete fits, I may say that it is one of the best remedies.

Few indeed are the substances not vaunted as specifics for epilepsy; it would be useless and tedious to review them all, and I will only refer to those producing a marked favorable effect. Belladonna is among the least uncertain remedies: it is prescribed in doses of quarter or eighth gr. twice a day, and may be continued in increasing quantities for a long period. I have seen it used by numerous patients with marked improvement. It may also be accompanied with cold douches to the spine, a strict diet, exercise in the open air, and if required, with cauterisation or a seton to the back of the neck. I judge it one of the surest remedies for epilepsy. In long standing cases, in its stead atropine should be employed, as it has more power to diminish the reflex faculty of the spinal cord. It is seldom that the fits disappear shortly after the use of belladonna, as is the case with any other substance employed, and consequently it must always be continued for a long while after the attacks have ceased to recur. Recently the fresh juice of the *cotyledon umbilicus* has been successfully prescribed by English physicians. I have seen it vainly tried on but few epileptics, hence I am unable to express a clear opinion upon its efficacy; however, the results hitherto reported encourage us to try it. With regard to the oxyde and lactate of zinc advocated by Herpin, they are very uncertain; so it is with the sulphate of zinc, the nitrate of silver, hemp, indigo, valerian, etc. In periodical epilepsy full doses of sulphate of quinine have a great influence in diminishing the frequency of the attacks, and even cause the disappearance of the fits.

When an *aura* starts from a limb a tight ligature must be put upon it to prevent the fit. Cauterisation with a hot iron should likewise be made on the very spot of the sensation. I have observed the attacks cut off by this means in a case of epilepsy where *aura* originated from the big toe. In a young lady epileptic since eight months, and having always a burning feeling in the back of the neck for three days before the paroxysm, regularly happening every three weeks, I caused its complete disappearance by cauterising with hot iron the place of the warning sensation, and submitting the patient to the use of gr. x. quinae disulph. taken in the night during the three days preceding the time the fit was expected. Belladonna was also administered in large doses (one grain of the extract daily), and for several weeks. In cases of laryngismus cauterisation of the mucous membrane of the larynx will be useful: it should be effected with a solution of nitrate of silver (arg. nit. 3j. Aq. dest. f3j.), which you will be sure of applying to the larynx when the probe is suddenly caught by the spasmodic contraction of the glottis. Trephining has been proposed and practised in epilepsy after a blow or injury to the skull: the operation, successful in some cases, has in many others failed to remove the morbid cause or proved

fatal. Therefore, on account of its dangers and uncertainty, the operation, as ordered by Dr. Brown-Séquard and several other physicians, should not be performed until cauterisation and other means applied to the skin of the head shall have been unsuccessful. I need not say that in epilepsy from gastro-intestinal or any other visceral irritation, the treatment should be the most severe. In helminthiasis, anthelmintics must be resorted to. In syphilitic epilepsy iodide of potassium and mercury are the remedies to be employed. In young women it must not be lost sight of that epilepsy may depend upon chlorosis, as such instances are often reported by authors, in which a tonic regimen and steel preparations have produced complete cure. In hysterical epilepsy iodide of potassium internally taken and gr. j. ext. bellad. in a suppository to the vagina will be very beneficial. Electricity should also be very efficient in re-establishing normal menstruation.

The regimen of epileptics must be very rigid; diet must be principally upon meat and food taken in small quantities and at repeated times in the day; the bowels should be kept regularly open, and all the hygienic means resorted to to invigorate the patient, as cold douches, exercise in the open air, etc. It is important to recommend the patient to sleep in a cool and well ventilated room, lying down in bed with the head placed upon a high and hard pillow. A powerful and continuous electric current may be applied to the spine to exhaust the increased excitability of the cord. I know that Dr. Brown-Séquard has prevented the fits by so doing, and I once arrested a paroxysm by directing a very intense induced current to the spine at the very moment of the outbreak of the attack.

Tetanus is characterized by an increased reflex power of the spinal axis, inducing permanent spasms in all or in some of the voluntary muscles. The traumatic element is one of the causes most favoring the affection, which may, however, be of an idiopathic form in *spontaneous tetanus*, or the result of poisoning in *toxic tetanus*. The pathological alterations in the nervous system have been very inconstant, the same as with all other convulsive diseases. It has been advanced that myelitis and meningitis give rise to tetanus, and that inflammation of the medulla oblongata is mostly the cause of the disease in *trismus neonatorum*; but these views and those based upon the occasional existence of softening in the spine are in entire discrepancy with what we actually know concerning the symptoms and mark of those affections. It may be that the congestion determined in the membranes by the asphyxia, which is the usual cause of death in tetanus, has been misunderstood by those who consider this latter due to meningitis. A recent ingenious theory broached by Dr. W. Hanna Thomson, supposes tetanus the result of the action, through the circulation in the nervous system, of a virus or poison, which in its origin and character bears analogies to the virus of hydrophobia and the poison of strychnine. I cannot look into the facts brought in favor of this opinion at any great length, but can we conceive more numerous causes of production, or more capricious incubation of a virus? sudden impression of cold and wet air, injuries, amputations, luxations, parasites in the skin, mental emotions, endemic influences, etc., etc. Certainly strychnia increases directly the spinal reflex power, but this faculty is likewise exalted by several other means, among which I have chiefly mentioned irritation upon vaso-motory and sensitive nerves. We know also that no relation whatever exists between the magnitude of the cause and its effects, often persisting long after cessation of the former; and many are the instances of peripheral irritation producing tetanus, on the removal of which the disease has ceased. No doubt there is a virus in hydrophobia, but this, as advanced by Dr. Brown-Séquard, is almost always due to the irritation of the wounded nerve: convulsions follow an *aura* starting from the wound. Dr. W. Stokes, of Dublin, led by these views, applied a tourniquet on the limb of a patient attacked with hydrophobia, and several times ascertained that so long as the tourniquet was applied there were no convulsions; they, however,

appeared every time it was taken away. On the other hand, hydrophobia may occur without the biting of any rabid animal, as observed by Oppolzer and others, and therefore the facts relied upon to prove that tetanus is the result of the action of a virus are not decisive; neither is the best treatment at present known for the disease more favorable to such hypothesis.

The commencement of tetanus is indicated by a permanent contraction in the masseter muscles, or *trismus*. If the disease is general, all the voluntary muscles are seized with tonic convulsions, and the body remains stretched. When the muscles in the posterior part of the body are only contracted, there will be *opisthotonos*, if those of the anterior part *emprosthotonos*, and if the body is flexed on the one side *pleurosthotonos*. The first is the most frequent of these three states. The symptoms of tetanus are not continuous; there is a remission, and after it increased convulsions, with pain in the affected muscles. In some instances the paroxysms are quite uninterrupted, during which the body is in profuse perspiration, the pulse very frequent or irregular, and the abdominal and thoracic muscles may become so contracted that the water and excrements are evacuated, and breathing suspended; the patient has great anxiety, but the intellectual faculties are not impaired. At the same time permanent dysphagia makes him very thirsty; there is photophobia and considerable hyperæsthesia of the auditory nerve, the least noise brings on a paroxysm. Traumatic tetanus ordinarily happens during the first week after the accident; it is not usual to meet with it immediately after infliction of the wound. Idiopathic tetanus appears suddenly after exposure to cold or wet, or after taking a cold drink, the subject being too much heated or in perspiration. Endemic influences have a great share in the production of tetanus; they are frequent in tropical climates, and in damp and ill ventilated localities near the sea. Cold and wet air is so favorable to traumatic tetanus, that Begin reports that after the battle of Bautzen, the temperature being very low, there were more than a hundred cases of tetanus. Larrey says that the weather being damp and cold after the battle of Dresden, most of the wounded died of tetanus, whilst scarcely an instance of that dreadful accident was met with after the battle of Moskow fought during a suffocating summer day. Dr. A. Berthrand reports that near thirty cases of tetanus, all fatal, were observed at Brescia, after the last battle of Solferino. He remarks that such accidents exclusively occurred in the churches transformed into hospitals, which, independently of their bad ventilation, were very cool; this latter cause of tetanus being rendered more grave by the habit the wounded had of uncovering their beds to better enjoy the perfidious coolness. At Milan, where it was possible not to use churches as provisory hospitals, tetanus was only met with in five or six men, and one of them was cured. At Turin there were but three instances of tetanus.

In the majority of cases tetanus is fatal, death ensuing from asphyxia by laryngismus or from permanent contractions in the muscles of the throat, and sometimes from exhaustion in the nervous system, after violent repeated attacks. In traumatic tetanus it is absolutely necessary to examine the wound in order to remove the source of irritation, if there is any, or to divide the nerves when imperfectly excised. With regard to amputation, first recommended by Larrey, it is unanimously rejected by all the surgeons, as, instead of inducing recovery, it has in all the cases increased the tetanic accidents. The same results will be obtained with the section of the irritated nerve, which is not so dreadful an operation, though still of doubtful success. The antiphlogistic treatment has never been favorable, notwithstanding the exceptional celebrated cure reported by Lisfranc, of a patient to whom he put 800 leeches, and bled nineteen times in that number of days! In some instances sudorifics have proved beneficial, though generally narcotics are more relied upon. Opium has been administered in enormous doses, and by endermic means. I have seen a cure obtained with tobacco used in enema

and in general baths, with an infusion of the leaf, jointly with opium in moderate doses. When the disease is due to miasmatic influence sulphate of quinine must be given. But among the remedies for tetanus, chloroform in inhalations, and internally taken, has produced the greatest number of cures. Of thirty-two cases of idiopathic and traumatic tetanus, collected by Dr. Prevost, twenty-two recoveries were obtained; to this number I may add three more that I know of, in which chloroform administered in the above way, produced complete recovery in traumatic tetanus. Chloroform may be likewise employed for tetanus neonatorum, as children bear it easier than adults, the effects being more rapid, and not so dangerous as it has been ascertained under other circumstances. In every instance chloroform should be administered repeatedly till complete anaesthesia is produced.

About two years ago the *woorara* or *curara* was successfully administered by Dr. Vella in a case of tetanus; and soon after other trials were made, but without similar results, by Drs. Manec, Follin, Gintrac, and Middeldorpf. To the success of Vella another was added by Dr. Chas-saignac, these two being thus far the only ones that I am aware of. I may say that one year before Dr. Vella, in March 1858, Dr. L. A. Sayre in a case of traumatic tetanus from a wound in the thumb, having vainly performed amputation, employed topically a solution of *woorara* (gr. iv *woorara* in f. 3j *aqua*) without success. In 1833, Morgan imagined the use of *woorara* as an antidote for toxic tetanus produced by *upas-tienti*; he performed several experiments upon dogs, obtaining the suspected effects, and likewise inoculated with *woorara* a horse affected with idiopathic tetanus. Two minutes after the operation the animal fell as if dead, artificial respiration reanimated him, and though the tetanic accidents completely subsided death occurred the day after from indigestion. Morgan, however, did not employ *woorara* in men, and the two cures lately obtained are judged insufficient to prove the efficacy of the remedy, on account of the circumstances in which they took place. Nor is the point settled as to the proper dose of *woorara* to be employed with men. Bernard has observed that the properties of the poison are not so active in sick or mutilated animals, and Broca pretends that in small doses *woorara* is soon and easily eliminated from the blood, both opinions explaining why the poison has been twice administered in considerable doses without causing immediate death. A patient attended by Dr. Follin had fifty centigrammes (about gr. x.) subcutaneously injected in a day, and in a case reported by Dr. Gintrac, twenty centigrammes (iv gr.) were employed in the same form during the day; in both instances the disease proving fatal.

As to the diet, it should be generous in cases of tetanus, the patient being carefully kept away from noise and any external cause capable of exciting the nervous system, and inducing a paroxysm.

Original Communications.

OBSERVATIONS ON CHLORATE OF POTASSA.

By S. HANBURY SMITH, M.D.,

NEW YORK.

As the fatal result of Dr. Fountain's lamentable experiment with this salt, may have a tendency to check the progress of that investigation of its therapeutic value which was in progress previous to that unfortunate event, and may thus cause the use of a medicine, than which I know of none more valuable in certain conditions, to be laid aside for a time at least, I feel impelled to offer a mite to the common stock of knowledge on the subject, in the hope of restoring it to a favor I think it deserves.

My attention was first called to this salt by the work of

Dr. W. Stevens, on the healthy and diseased properties of the blood, published in 1832, in which he extravagantly lauded the virtues of certain neutral salts, and especially of a compound of carbonate of soda 3ss., common salt 3j., and chlorate of potassa gr. vii., dissolved in abundance of water, and administered at tolerably frequent intervals. Prescribed on purely chemico-theoretical grounds, this compound was represented to have proved a valuable means of correcting the depraved condition of the blood obtaining in fevers of a typhoid character. Bearing in mind the lack of soda and common salt in the blood of cholera patients, which the experiments of Clanny and O'Shaughnessy, in 1831-32, had demonstrated, very dilute warm solutions of these salts were injected into the veins, with the effect of immediately removing the symptoms of collapse, though the benefit conferred proved of very short duration. To administer the Stevens powders every half-hour or hour in such cases, seemed to follow as a matter of course. In 1834, the capital of Sweden, where I was then residing, suffered a most terrible visitation of cholera, apparently imported from England by the Hull coal ships. A sixteenth part of the whole population remaining in the city, was buried in six weeks, the duration of the epidemic, which steadily increased in extent to the twenty-first day, and then as steadily declined. Having already served an apprenticeship in the London epidemic, I was called on to take charge of the provisional cholera hospital, enjoying in addition abundant opportunities for observation outside its walls. During the great epidemic of Cincinnati in 1848 I was Health Officer of that city. Improving those opportunities, I made a number of experiments with the Stevens powders; not as specific curative agents, but as a part of that judicious treatment which neglects nothing in itself harmless, which on any theoretical or practical ground might be expected to benefit the patient. I place them alongside of warmth, friction, position; and it would be as hard to convince me that the one was valueless as the other. I employed them simply with the hope of gaining time, whether for the display of nature's own *vis medicatrix*, or for the effects of more potent medicines simultaneously administered, by delaying those extreme changes in the physical qualities of the blood which with progressing collapse render its further circulation at last impossible. I cannot believe that I was *always* mistaken in supposing that my very moderate expectations in this respect were realized.

In 1833 appeared the first part of the English edition of Copland's Dictionary of Practical Medicine. In the article on bronchitis, the author recommends the use of the chlorate in the chronic form of that disease. I have prescribed it in such cases ever since I read the article cited; confirming my use of it to cases presenting evidences of imperfect aeration of the blood and deficient vital energy. I am quite sure that I have seen the too free administration of the salt again and again convert the chronic into a more active form of inflammation. In the person of a physician, nine years afflicted with that form of the disease to which the term bronchorrhœa is most applicable, and whose father and brother had died of the same, all previous treatment by able practitioners having failed in checking the rapid progress towards a fatal result, the chlorate of potassa, which I prescribed as a mere palliative, proved so curative that at the end of two months the sick man had left his apparent death-bed and was able to go about out of doors. He felt so well that he became grossly imprudent, staying out late in the autumnal night-dews, and suffered a severe relapse, from which no recovery could have been expected, and which slowly wore him out.

In 1837 was published the fourth part of Copland's Dictionary. In the article on typhoid fever, p. 1031, he says: "I have prescribed the chlorate of potash in several diseases, since 1819, and consider it a valuable medicine, especially in the advanced stages of typhoid fevers. When excitement or vascular reaction is about to pass into the nervous stage, and when inflammatory determination has

been removed, either of these salts (the chloride of potassium, or the chlorate of potash), but the latter especially, will be prescribed with benefit. The chlorate may be advantageously conjoined with tonics and camphor; or it may be given in doses of five or seven grains every two or three hours in tonic infusions, or in larger quantities at longer intervals." Several columns of highly suggestive remarks follow, but I will only quote further, the following: "Upon this principle, and for the reasons there stated, this method deserves a more extensive trial than it has hitherto obtained."

While my experience with the chlorate in fevers corroborates that of Copland to a certain extent, I have settled down into the conviction that its greatest value in such cases is as a prophylactic. Given in conjunction with quinine and mild aperients, I have seen it repeatedly stave off attacks of fever during epidemics, even of "Irish emigrant" or "ship" fever; the premature laying aside of the medicine being followed by immediate return of the threatening symptoms, again to be dispersed by a recurrence to its use.

In the state of constitution favoring the eruption of boils, felons, whitlows, and carbuncle, I have perfect confidence in the curative powers of the same prescription.

From my second official report as Superintendent of the Ohio Lunatic Asylum, for the year 1851, I shall now quote the substance of some remarks, illustrated by a couple of cases, in which the results of the administration of the chlorate must be considered decisive as to its "oxygenating" powers. I use the term for want of a better; not intending to be held responsible for any theoretical notions which any one else may attach to it.

A long experience of the value of the preparations of chlorine in adynamic conditions, caused by or accompanied with a presumably septic change in the blood, has led me to make trial of them in those forms of mental disease associated with an unusual lividity and coldness of the lips, extremities, and sometimes tip of the nose, evidently due to an embarrassed capillary circulation, and that, as I conceive, ascribable to some morbid condition of the circulating fluid itself. (Query—Is insanity ever a blood disease?) Again and again has the use of the chlorate of potassa corrected the condition of the circulation in question, *when all other means had been tried in vain*, speedily removing or diminishing the lividity, coldness, and sluggish movement, with a corresponding improvement in the health of both body and mind. I prescribed it in doses of three or four grains, quickly increasing to ten or more, dissolved in two or three ounces of camphor water, three or more times a day. Occasionally, it may with advantage be administered in infusion of valerian, arnica, or indeed in combination with almost any other medicine indicated. No one medicine was more extensively employed while I was chief physician than this.

No. 1343, male, twenty-eight years of age, second time in the Asylum, when readmitted was in a demented condition, which had been the case about four months. Tonics, stimulants, exercise in the open air, were employed; indeed, everything which could be done in a similar case, was put in force, without the slightest improvement. At the end of ten months thus spent, his condition became apparently hopeless; the chlorate of potassa was freely administered; evident and speedy improvement followed; the coldness and lividity of the extremities disappeared; every function was discharged with renewed vigor; his mind recovered its tone as fast as the body did; in one month from the first administration of the chlorate, he was discharged cured, and as I afterwards repeatedly heard, retained a better state of health than he had enjoyed for years previous to the attack of insanity.

No. 1494, male, twenty years of age, admitted with dementia of over four months' standing, grew progressively worse in spite of all efforts, until the use of large doses of the chlorate was commenced. An immediate improvement in hæmatosis and corresponding improvement in mental

manifestations took place, and he was discharged, cured, in six weeks from the day he commenced taking the chlorate.

These cases are *experimenta crucis*, and a considerable number of similar ones might be taken from the records of the institution. The salt proved not less useful as an adjuvant, whatever the other therapeutic indications, in all cases where the capillary circulation was very sluggish, the temperature too low, and the tint of the extremities and lips livid. In one instance a great improvement was manifested in twenty-four hours, and a chronic diarrhoea, to which the patient was subject, ceased. In a peculiar series of demented cases, where the very strongly marked anæmic symptoms so nearly resembled chlorosis as necessarily to suggest the use of ferruginous preparations, these would yet fail to effect any beneficial change, except after a previous free use of the chlorate, when their employment was followed by the happiest effects.

I trust this evidence will convince those who do not expect more of the salt in question, than they have a right to do, that in its proper sphere of action it is as reliable as any other article in our materia medica. Not having prescribed it, as some of the fraternity have, in doses which I cannot but consider as excessive and dangerous, I have met with but three cases in which it has disturbed the stomach, and produced nausea or vomiting; the one a lady with an irritable stomach, which almost all medicines and many articles of food offended; the second an old dyspeptic of scrofulous habit; and the third a lady of similar habit, both the latter displaying what the French would call the "dartrous," or herpetic diathesis. The two former used the same preparation which I have taken freely myself and administered to dozens, I may say hundreds of patients, no one of whom ever experienced any symptom of poisoning or disagreement. The third subject used the very French salt sold by Lazell, Marsh & Gardner of Gold Street, New York, which Dr. Fountain thought the only Simon Pure article. The husband of the lady writes me: "My wife thinks the reason it made her sick, was, she waited too long after eating before taking it, and then taking too much, she has tried it since in a smaller quantity, without producing any effect whatever." It should not be taken when there is a sense of natural or morbid hunger, and should always be abundantly diluted. My maximum doses have been ten grains; only in the cases of insanity quoted, where there is great insensibility to the action of all medicines, have I exceeded that amount at one dose, though I have been in the habit of giving small doses every hour. In the febriculae of infants, I have for years used scarcely any other medicine than a dilute solution, say one grain to a teaspoonful of water, every hour or two. Its little taste, especially when still more dilute, makes it easy of administration, while it cleans the tongue and equalizes the circulation, acting in this respect much like the old febrifuges, the nitrates of potassa or soda, and the muriate of ammonia.

Of its action in stomatitis and kindred affections I need only say that my experience corroborates the statements of those who have already published favorable accounts.

ARM PRESENTATION

TERMINATING IN SPONTANEOUS DELIVERY OF THE CHILD.

By EDMUND ARNOLD, M.D., M.R.C.S.E.

OF YONKERS, N. Y.

Case 1.—On the 7th of October, 1856, I was called at about eight P.M., to attend Mrs. F—, a laboring man's wife, in her second confinement. Of her first I could not learn the particulars; was told, however, that it had been tedious and difficult, and the child stillborn. In the present instance she had been in strong labor since morning, and in the early part of the day another practitioner had been with her, but left her at two P.M., after some ineffectual efforts to

turn (as I was informed), in consequence of some disagreement with those around her. On examination, the cord and left arm were found filling the vagina; the os was fully dilated and the arm traceable up to the shoulder, but neither the head nor the neck could be reached. On the right side the cord could be followed to the umbilicus. The child was therefore lying on its left side, and in a completely transverse position. Having administered a full dose of laudanum, I made several attempts to turn, but ineffectually, the uterus having already contracted so firmly upon the child as to render the introduction of the hand impossible. The case looked bad enough, and there seemed little probability of delivery without instrumental assistance. The woman, however, was strong, the pains vigorous and rapid, and as matters could not well be made worse, I determined, carefully watching her strength meanwhile, to wait and see what nature was endeavoring to accomplish. After a while (I made examinations half hourly), I found I could get round the shoulder better, could even reach a little way along the neck, and by eleven P.M. could just touch the head. The umbilicus meanwhile had disappeared. By midnight the head had made such progress towards the upper strait that the sutures could be made out, and I began to entertain sanguine hopes that it would finally come down, and so it proved. By two A.M. it was fairly engaged in the upper strait, all anxiety as to the result was over; and at precisely a quarter to four A.M., the occiput emerged from under the pubic arch, and the labor was immediately completed. The child, which was under the average size, certainly under seven pounds in weight, was dead, and had been so, no doubt, for many hours. The sex I omitted to record at the time. The further progress of the case offered nothing worthy of remark, the patient recovering without any untoward symptoms.

The above case I believe to be almost unique. The possibility of spontaneous evolution is denied by many eminent practitioners, and it has been maintained by them, that when such has been reported to have occurred, it amounted to nothing more than the conversion of a single into a double presentation, the original presenting part remaining while another is forced down and delivery thereby accomplished. In the above case, however, while this was to some extent so, inasmuch as the arm remained within the vagina, still a certain amount of actual rotation of the entire body was necessary to bring about the result.

The third confinement of this woman occurred on the fifth of December, 1857, was quick, the presentation natural, and the child a large, well-formed, healthy girl; I proceed therefore, to my

Second Case, and fourth confinement, which took place on the eleventh of January last. On this occasion the patient had a midwife with her, and had been in labor with moderate pains for several hours, when, at seven P.M., the membranes gave way, and with the rush of waters down came the cord. The old woman, finding that something was wrong, immediately sent for me. Being absent at the time from home, I did not reach the house until ten P.M., when, on making an examination, I found a portion of congested cord protruding beyond the outlet, a large mass of it within the vagina, and in the midst of it the right arm. The head was firmly lodged over the pubic arch, and slightly to the left side. The woman's husband was immediately despatched for some chloroform, she being too unruly and unmanageable to submit to turning without it. On his return, in about half an hour, I found, to my surprise, that the head had made a start and come down to within two inches of the outlet, so that all idea of turning was abandoned. From this time, however, the progress was very slow, although the pains were strong, and not three minutes' interval between them. By one A.M. the vertex was within an inch of the outlet, the forehead presenting to the right side, the occiput to the left, the right ear immediately under the symphysis pubis, and the right hand, now reached with difficulty, lying on the left ear, so that the right arm was across the face. She now began to complain of pressure on

the rectum, as the face slowly worked downwards, the occiput upwards, and at a few minutes before two A.M. the latter emerged from under the arch, all the rest immediately following. The child, a male, above the average size, although alive at the commencement of the labor, was still-born, the face, chest, and right arm to a little above the elbow, black with congestion, the latter slightly blistered on the forearm from the great pressure to which it had been subjected. The cord also was very large, and filled to within a few inches of the umbilicus with coagulated blood. The mother did well.

One might almost from the above come to the conclusion with Dr. Denman, that nature may be safely left to her own course in all cases, and where turning cannot be effected, where the strength of the patient is good and the pains strong, there can be no harm in waiting awhile before resorting to extreme measures; but when the turning can be effected as easily as not, nothing can certainly be gained either for the mother or child by delay. I never departed from the "rule" except once, and then under circumstances peculiarly favorable to the descent of the head, which presented above the forearm, lodged forwards over the pubic arch, but projected over the upper strait. There appeared, moreover, ample room for its descent, and nothing but efficient pains wanting; yet after waiting nearly eight hours in vain, turning was ultimately necessary, the head having actually to be forced out of the way before the feet could be brought down. Dr. Gates was with me at the delivery in this case. It is somewhat singular in every-day practice, that out of twenty-three cases of midwifery attended by me between the fifteenth of October and the fifteenth of January last, not less than three were cases of arm presentation and one of triplets.

CASE OF EXSECTION OF THE ARTICULATING FACES OF THE KNEEJOINT,

FOR DISEASE OF ELEVEN YEARS' STANDING—CURE OF THE
PATIENT.

By E. S. COOPER, A.M., M.D.,

PROFESSOR OF ANATOMY AND SURGERY IN THE MEDICAL DEPARTMENT OF
THE UNIVERSITY OF THE PACIFIC, SAN FRANCISCO.

Miss M. K., set. 21, was admitted into the Pacific Clinical Infirmary, July, 1857, in consequence of disease of the knee-joint of the left side, which had existed since she was nine years old. The disease commenced, as I supposed from the patient's history of the case, as white swelling; and when the acute symptoms subsided, the parts were left in that irritable condition, so often found in such cases, predisposing them to suppuration from time to time. Small pieces of bone were discharged at different times during the eleven years intervening between the commencement of the disease and the operation, and this nearly always occurred after any renewal of the inflammation. During a considerable portion of the time she was confined to bed, in consequence of the severe inflammatory symptoms. The amount of pain suffered altogether was almost indescribable. When admitted, she was able to walk but little, and had not been for a long period.

After having the patient take sixteen ounces of spts. minder, during twenty-four hours, preparatory to the operation, it was performed as follows. Two longitudinal incisions were made eight inches in length, one on either side, and an inch back of the patella. These were carried into the joint. A transverse incision was then made, dividing the ligamentum patellae and other intervening soft parts. On opening the joint fully, the soft parts within it were found destroyed for the most part. The inter-articular fibro semilunar cartilages were entirely destroyed, as well as the synovial membranes. The crucial ligaments were in an ulcerated condition, though not entirely destroyed. The

ligamentum mucosum was destroyed. After making the incisions as described, the lateral ligaments were divided, and the articulating faces of the joint fully exposed. These were found ulcerated throughout, demanding their removal, though the ulcerative process had not extended far into the substance of either the superior extremity of the tibia or the condyles of the femur. The soft parts were next removed from the articulating extremities for one and a half inches above and below with a bone chisel, which rendered their separation from each other to a considerable distance an easy matter when the leg was strongly flexed upon the thigh. The condyles of the femur were removed even with the upper part of the inter-condyloid space. Half an inch was removed from the tibia. This was readily effected with an ordinary amputating saw. The newly made articulating faces were so shaped as to fit each other nicely after the leg was placed nearly straight—the best position when the patient is to have an immovable joint. The patella was sound, and therefore not removed, although subsequent experience induces me to think that it is better to remove that bone, in all cases of exsection of this joint, whether it be diseased or not. When left, the extensors of the leg nearly always draw it far above its natural place, by which the limb becomes badly shaped. No vessel requiring the ligature was divided. Some of the articular branches were dilated, and on being divided were torsioned. All things being now ready for the adjustment of the parts, the ends of the bones were brought together with some difficulty, owing to the contraction of the flexors which had taken place as soon as they were relaxed. This, however, being accomplished, the fresh surfaces of bone were brought together, and the limb placed upon a splint reaching from the middle of the thigh to near the heel. A piece of lint, wet with an evaporating lotion composed of one part of alcohol and ten of water, was put into each incision; after which a roller, wet with the same, was applied as tightly as the patient could conveniently bear, commencing at the toes and continuing up to the middle of the thigh. This dressing was continued for five days, when the lotion was changed for poultices, which were renewed twice in twenty-four hours. This course was continued for about three months, when the patient had sufficiently recovered to move about upon crutches and to leave the infirmary. Iodide of potassium and conium were given internally, and tr. iodinii applied to the limb from time to time during this period.

The patient gradually but slowly recovered, till at the end of twelve months the usefulness of the limb was measurably restored; although this was necessarily diminished in consequence of a want of development during the eleven years in which the limb was diseased. It is now nearly four years since the operation, and the limb has become almost as useful as its fellow. The muscles which were so small and flabby have since become comparatively large and firm. But considerable inconvenience is suffered in consequence of shortening of the limb, caused by the combined agencies of long-standing disease producing a want of growth, and the removal of the articulating faces of the knee-joint. The patient has occasionally suffered from the formation of small abscesses in the region of the joint, and several times these were found to be dependent upon a small piece of exfoliated bone causing local inflammatory action in its progress towards the surface. She is now married, and the mother of a bright healthy boy six months old. During the latter periods of utero-gestation, the limb was more painful than usual, but since the birth of her babe not the least annoyance has been experienced. A complete recovery may be said to have occurred.

Still, it is somewhat difficult to say when a perfect cure is effected in such cases, because months may elapse without the patient suffering the slightest irritation, and yet a renewal of the disease of bone occur. Atmospheric vicissitudes, bruising or twisting the limb by a mis-step in walking, are often the causes, and not unfrequently inflammatory action will recur without any assignable cause.

CASE OF

SPONTANEOUS AMPUTATION AT THE SHOULDER.

BY W. L. APPLEY, M.D.,

OF COCHECTON, SULLIVAN COUNTY, N. Y.

On April, 15, 1861, at two o'clock P.M., I was called to see Amelia Poor, a little feeble girl, aged six years, who had just fallen from what the children call a "see-saw." On examination I found compound fracture of the right ulna about its middle, and dislocation of the upper end of radius forwards. I reduced the dislocation easily, dressed the wound over the fracture of the ulna, and applied loose dressing to the hand, forearm, and elbow; I observed a coldness of the hand and arm, but supposed reaction would soon commence. I examined the arm at 6 o'clock P.M.; found the hand and arm still cold, the hand livid; I then removed all dressing, and applied warm alcohol and spirits of turpentine, with friction and artificial heat. The child did not complain of much pain up to this time. Seven o'clock A.M., of the day following, found the hand and forearm evidently in a state of gangrene; child, to appearance, sinking rapidly. Gave brandy, beef-tea, wine whey, quinia, and morphia to allay irritability; sour poultice applied to the arm. Six o'clock P.M., gangrene commenced to extend above the elbow. Having been advised by Dr. Willard Parker, some two years ago, not to amputate in mortification until the line of demarkation had formed, I accordingly waited. Mortification extended to the shoulder and over the scapula. April 24.—I divided the dead soft parts about three inches below the head of humerus, and sawed off the bone. This relieved the child of the weight of the dead arm, and enabled her to sit up.

April 29, at 4 o'clock A.M., I was called in haste to see the child on account of hemorrhage, and found her lying on her right side. On examination, I found that some hemorrhage had taken place. I turned the child carefully upon the left side, and the dead soft parts, the remaining portion of the humerus, and the entire scapula, fell off; the axillary artery bled freely. I applied a ligature to the artery, and brought the sides of the wound towards each other with adhesive strips; there was but a small wound to granulate. May 20.—The child is able to walk out, and is nearly as well as before the accident.

NEW TREATMENT OF PROLAPSUS ANI.—M. Foucher recommends the subcutaneous injection of strychnia in the treatment of the prolapsus ani of infants. Ten drops of a watery solution of strychnia (gr. iij to 3xj) are to be injected with Wood's syringe into the sphincter ani, and repeated after twenty-four hours. M. Foucher records the case of a girl aged four years, in whom this treatment proved entirely successful. Great improvement followed the first injection. The quantity of strychnia injected on each occasion was about one-twentieth of a grain.—*Gaz. Méd. de Paris*, Feb. 9, 1861.

STATISTICS OF CRANIOTOMY.—The operation of craniotomy is said to be performed in Germany once in every 1944 labors; in Paris once in every 1628; in France at large once in every 1200; in Vienna once in every 688; in England once in every 340; in Ireland once in every 106 labors.—*British Med. Journ.*

WHITE GUNPOWDER.—The London correspondent of the "Leeds Mercury" says, "I have heard in this city of a curious invention, which concerns alike sportsmen, rifle-men, and the scientific. It is the manufacture of white gunpowder. It is composed of yellow prussiate of potassa, chloride of potassium, loaf sugar, crystallized sugar, and brimstone. It possesses superior qualities over the black powder, being quicker and more powerful in its action, and not fouling the gun; for the delicate in olfactory nerve, it may be added, that it is without unpleasant smell. It has just been patented."—*British American Journal*.

Reports of Hospitals.

BELLEVUE HOSPITAL.

SERVICE OF A. B. MOTT, M.D.

Necrosis of Inferior Maxilla. Plastic Operation.—Rosina N—, æt. twenty-one, a native of Germany, married, and intemperate in her habits, was admitted to the hospital about the last of July, 1860. Three years ago, while working in a match factory, she took a very severe cold, which occasioned great pain and swelling about the inferior maxilla. A tooth was drawn in the hope of relieving the pain, but the swelling continued to increase, and an abscess formed in the alveolar process. A great deal of pus was discharged, and the disease continued to extend until it involved the whole of the lower jaw. At the end of eighteen months, pieces of necrosed bone were detached and discharged from time to time. On entering the hospital, the patient appeared much exhausted and cachectic. There was a very abundant and fetid discharge from several large sinuses under the angles and near the symphysis of the maxilla.

On the fourth of August Dr. Mott removed the whole of the lower jaw through an incision extending from the ramus of one side to that of the other. On account of the unhealthy condition of the tissues, the wound was filled with lint, and allowed to heal by granulation. Recovery was rapid, and the patient left the hospital about the middle of September.

On the third of February, 1861, the patient returned to the hospital, to obtain relief from the effects of the cicatricial contraction consequent upon the previous operation, which were so great as to fix the chin upon the sternum, rendering it impossible to raise the head into an erect position. The lower lip was, consequently, drawn downwards and backwards in such a manner as to prevent the complete closure of the mouth, the upper lip projecting far beyond the lower.

February 16.—The patient was etherized, and Dr. Mott proceeded to raise from the right side of the neck a flap eight inches long and four inches wide, extending from the mastoid process to the point of the acromion. The cicatricial tissues were then dissected from under the chin, and the flap was brought around and secured with silver sutures in its new position. The denuded surface upon the side of the neck was covered by drawing together the margins of the incision. The patient was then placed upon her back, in bed, with her head depending over a pillow, which was adjusted under her neck. On the fourth day after the operation, the distal portion of the flap began to slough; its base was, however, adherent in its new position. The sloughing continued until a surface two inches square was denuded upon the left side of the neck. Granulations sprang up over this surface; the remainder of the flesh became united by the first intention to the tissues subjacent and adjacent; and on the fifteenth of April the patient was discharged. She could then hold her head perfectly erect, but could not throw it backwards, beyond the axis of the body. Her general appearance was greatly improved, notwithstanding the deformity of the lower jaw, occasioned by the imperfect reproduction of its substance.

Cancerous Disease of the Kidneys.—H. N—, fifty-eight years of age, and a widow, had long been subject to ill-health. For more than a year she had suffered from necrosis of the ilium, for which she had submitted to an operation at St. Luke's Hospital. A small sinus, however, still continued to discharge, and she applied for relief on the tenth of May, 1861. For two or three days after admission the patient complained of pain in the right lumbar region, where was situated a small sinus leading to the necrosed portion of the crista ili. On the 12th of May she began to experience great pain in the epigastrium, ac-

companied by frequent and uncontrollable vomiting. The matters voided consisted, at first, of the ordinary contents of the stomach; then of a greenish-yellow liquid, which was ejected in great abundance. The urine was very scanty, and creamy in its consistence and appearance. It solidified on the application of heat, and showed, under the microscope, pus-cells, granular matter, and the triple phosphates. The countenance soon assumed the hippocratic expression; the skin became dry; the pulse was moderately accelerated; the tongue was covered with a dirty white fur. The mind continued perfectly clear to the last. Physical examination indicated no disease of the thoracic organs. The region of dulness over the liver extended as low as the umbilicus. The epigastrium was exceedingly dull on percussion, and the left iliac fossa was but slightly resonant. Pressure upon the abdominal walls did not excite pain.

The bowels were freely evacuated, but the vomiting continued, without yielding in the least to the various expedients employed in hopes of checking it. An attempt was made to sustain the patient with nutritious injections, but without success; even the smallest quantity of liquid being immediately rejected by the rectum. The patient suffered great agony, and died after a severe illness of three days.

Examination of the body, twenty-four hours after death.—Body well nourished. The cavity of the cranium was not opened. The lungs were healthy, with the exception of one or two small concretions, supposed to be tuberculous, at the apex of the right lung. The heart was small, pale, and flabby. The stomach appeared to be perfectly healthy. The peritoneal surface of the small intestines was slightly congested. The omentum was loaded with fat, which was disposed in such a way as to account for the greater part of the dulness observed before death. The liver was small (three pounds, six ounces), but healthy. The size of the spleen was normal, but its surface presented a tallow-like appearance, as if smeared at various points with the droppings of a candle. These spots were beneath the peritoneal covering of the organ, and were wholly superficial, being not more than a line in thickness. The pancreas was of normal size and appearance. The left kidney weighed seven ounces; its cortical portion was infiltrated with dense whitish tissue, like that found in scirrhous carcinoma of the breast. The position of the right kidney was occupied by an abscess which contained a large quantity of dark-colored pus, and disintegrated cancer tissue. There was pus in the right ureter. The ureters were not enlarged. The bladder was the seat of chronic inflammation; its coats were much thickened and corrugated. The uterus and ovaries seemed to be healthy. Microscopical examinations indicated Quain's degeneration of the muscular fibres of the heart, and the presence of numerous granular and poly-nucleated cells in the substance of the kidneys. No other abnormal appearances were noted.

A NEW CURE FOR AN INCURABLE AFFECTION.—A remarkable discovery has been made in Germany by a physiologist—the exact cause of "sea-sickness." The "up and down" tension of the muscles on a particular valve of the stomach while an animal is under chloroform, is now shown in lectures to bring on sickness in such animals at once. The same occurs in a rough sea when a vessel heaves up and down. Some remedies, chiefly to steady the muscles, such as a particular form of bandage to be worn at sea, a combination of champagne and other remedies to drink, have been referred to as "stopping sea-sickness" in an instant.—*British Med. Journal.*

NEW TREATMENT FOR HOUSE-MAID'S KNEE.—Mr. SKEY is in the habit of passing a thread seton through the sac, by means of which an abscess is formed, which after being opened, results in a cure of the original affection. Though Mr. Skey uses this plan of treatment in all forms of bursitis, he thinks it is better suited to the indurated burse.—*Lancet.*

American Medical Times.

SATURDAY, JUNE 8, 1861.

EXPERIENCES OF 1812.

ONE of the first evils encountered in the war of 1812, was the *unfitness* of a large proportion of the volunteers for the service which they were called upon to perform. Says SURGEON MANN: "It may not be as generally known as it should be, that a large proportion of the army were not, when first enlisted, fit for soldiers. * * * Many habitually intemperate, with constitutions broken down by inebriation and its consequent diseases; whose bloated countenances exhibited false and insidious marks of health, contribute to fill our hospitals. * * * It has been too much an object with officers on the recruiting service, to fill up their rolls with numbers; without reflecting that the strength of an army consists of able-bodied men. These infirm men were always a dead weight, requiring a detachment of the more efficient, as nurses or attendants. A body of five thousand composing our troops, seldom have furnished more than three thousand capable of active duty in the field. * * * Many of them became fit subjects for hospitals as soon as they commenced their military services." SURGEON CUTLENSLO writes: "Many who were rejected by me in my examination for the naval and marine service, were received as recruits for the army. * * * I believe that the Philadelphia Alms-House was cleared for Duane's rifle corps!!! The hands of many of those men trembled so much that they could scarcely load a rifle, much less take good aim."

We are not surprised to learn that our recruiting officers have been repeating the same error, so disastrous to the efficiency of the army, but we had hoped that this evil would have been corrected by the Medical Inspectors. But they, too, have suffered so many unfit persons to pass muster, that by direction of BRIGADIER-GENERAL MANSFIELD, in command of the troops at Washington, a *re-inspection* of the volunteer forces has been ordered. GENERAL SCOTT, whose vast experience in the organization and command of military forces commenced with the war of 1812, commanded this important order to be issued at the instance of the New York Sanitary Committee. That distinguished chieftain warmly commended the measure as tending to increase and insure the efficiency of the troops, illustrating his opinion by striking incidents in his own military experience. We shall again recur to this re-examination and its results.

Great importance was attached to cleanliness as a means of preserving health, by the surgeons of 1812. "Cleanliness," says Surgeon MANN, "is the life of an army; while filth and dirt are among its disease-generating causes. * * * Cleanliness should be enforced upon soldiers with most rigid laws. That code under the Jewish dispensation, enjoining ablutions and purifications, was obeyed as a religious rite; it has been quoted as a system well adapted to a camp. It has been observed, that those regiments which have been subjected to rigid discipline, and where cleanliness has been strongly enforced, have enjoyed higher states of health than those who have been inattentive to this

duty. A man cannot be made a good soldier unless he is made to keep himself clean. * * * The regiments of heavy and light artillery suffered less by disease during the war, than any other regiments on the Northern frontiers. It is unnecessary to observe that these regiments have been always subject to correct discipline; and their better health may be much imputed to cleanliness. Their quarters and encampments were generally in the best state; the men were mostly neat and clean in their dress and appearance. There was one regiment on the frontiers, which at one time counted nine hundred strong, but was reduced by a total want of good police to less than two hundred fit for duty in the course of two months. This regiment, in its appearance, was at that time dirty in the extreme. * * * At one period more than three hundred and forty of this regiment were in hospitals; in addition to these, a large number were reported sick in camp."

The use of ardent spirits as a part of the rations of soldiers was assigned as one of the most prominent predisposing causes of disease in the army of 1812. The same observation has been repeatedly made by English military surgeons. During the Revolutionary war it was noticed by the surgeons that when the army received no pay, and the soldiers could not therefore procure liquors, the general health of the troops rapidly improved. SURGEON MANN writes:—"My opinion long has been that ardent spirits are an unnecessary part of a ration. * * * The troops, during this period (Dec. 1814, to April 1815) were not paid, a fortunate circumstance to the army, arising from a want of funds. This embarrassment, which was considered a national calamity, proved a blessing to the soldier. When he is found poor in money, it is always the case that he abounds in health. * * * Deserters from the British army, of whom some hundreds came to our posts, exhibited marks of high health; while those of our soldiers were pallid and emaciated. * * * It led me to seek the cause. Upon inquiry it was learnt that spirits were no part of the ration of the British soldier; that these liquors could not be procured in the upper province of Canada for money. * * * Diseases and mortality generally, but not necessarily, followed the paymasters of the army."

The change of diet to which the recruit has to submit on leaving his employment and home, and entering the camp, is noticed as an important predisposing cause of disease. A person accustomed to a mixed diet of meat and fresh vegetables, in liberal quantities and at fixed hours, is suddenly deprived of fresh vegetables; the meat is in small quantities, and the whole is prepared in a manner to render it but little nutritious. As a consequence, the tone of the system is lowered, the appetite becomes vitiated, and both the fluids and solids of the body are thus changed. Diarrhoea and dysentery soon make their appearance, as a result of the direct impression of this change of diet first upon the digestive organs; these diseases are soon followed by fevers, generally of a low type, as a consequence of the depraved condition of the general system. In the Crimean war the effects of poor diet in the early part of the campaigns were seen in the vast numbers of sick with diarrhoea, cholera, and dysentery, which subsequently crowded the hospitals. We trust our authorities will take warning in time, and with ceaseless vigilance guard the dietary of the volunteers. Already loud complaints are made, in most of the camps, of a want of properly prepared food. Great as may be the immediate inconvenience resulting to the recruit

who has to accept of these discomforts, a discreet government overlooks this consideration, and regards rather the disastrous effects which must follow in the form of wasting and devastating diseases, and the necessary loss of military strength and efficiency.

The surgeons of 1812 insist upon the importance of proper clothing, as a protection against the changes of weather, as well as of climate. Woollen garments next to the skin were recommended to Government, and were furnished the second year. Says SURGEON MANN:—"Having experienced from woollen garments next the skin the greatest benefits, while exposed in my tent on the northern frontiers, during every campaign, and witnessed its salutary effects in others while in the field, an additional improvement is urged, for the consideration of government—that the soldiers destined to perform duty on the northern and western frontiers be entirely furnished with woollen garments. There are a few days only, during a campaign, that men would be incommoded by the increased heat of woollen garments; then only a few hours in the day. Men in tents during the hot seasons experience little inconvenience from these garments of wool next the skin, which is overbalanced by their advantageous effects while exposed to cold and rain on necessary duty. Checks of perspiration, or an abstraction of heat from the surface of the body, co-operate with a variety of other causes to produce diseases, which these garments would obviate. * * * Clothed in wool, during all seasons, soldiers would enjoy higher degrees of health. We should behold them more hardy and robust, enduring the severest hardships, the most fatiguing marches, and the inclemency of seasons, without attacks of disease."

The untimely distribution of hospital stores was an unremedied evil during the war; at times resulting in great suffering and mortality. This was due in part to the subordinate position of the medical department of the army; little attention was given to the orders of surgeons, and generally the troops were first provided for, and secondarily the sick. But a more serious obstacle to the proper supply of hospital stores, was the tedious formality that had first to be regarded. All orders must proceed from the Surgeon-General, who was five hundred miles distant from the army, and almost inaccessible during the winter, and who could not anticipate the movements of the troops. The extreme suffering of the sick, destitute of blankets and beds, during a rigorous northern winter, while such needed provisions were within reach but not obtainable, owing to the want of proper authority, has found a parallel in the Crimea, where a vessel laden with warm clothing, was kept at anchor with its terribly needed stores of woollens hermetically,—officially sealed, when within sight of the frost-bitten and nearly naked British soldiers, until the priceless and longed for cargo was finally shipwrecked. Such defects in army regulations should not be known in this enlightened nineteenth century. They are a disgrace to Christian civilization. Yet within a few days we have seen whole regiments of the hardy yeomanry from a neighboring State, clad in miserable shoddy cloth that was already falling from the bodies of the men. Such outrages upon a citizen soldiery cannot safely be repeated; but grievous evils result from the abuse before it can be corrected.

We shall close these *excerpts* from the recorded observations of a most sensible and practical surgeon with the fol-

lowing quotation, which presents with axiomatic force the sense of precepts taught in the preceding selections: "The science of preserving health is too little known to new recruits; a knowledge of which, young officers unaccustomed to the police of a camp, do not impress upon them the importance of acquiring. An inattention to a proper dietetic management was among the causes of diseases and mortality incident to our troops; to which may be added, filthiness, and an intemperate use of ardent spirits. These sources of disease we shall have repeated occasion to notice, as frequent causes of the failure of important expeditions, and ruin of armies, by which the highest expectations of a nation are often disappointed."

THE WEEK.

THE Seventh Regiment returned from the seat of war last Saturday, after an absence of five weeks, bringing its entire *personnel*—not a man being left in hospital. What happier illustration could be given of the utility, the indispensable importance of the strict sanitary police and military discipline which characterized the encampment of that regiment at Washington. Order, cleanliness, lime, and judicious engineering under LIEUT. VIELÉ, of the Engineers' Corps, with wholesome advice and but little medicine from the distinguished Medical Staff, produced legitimate results.

TRAVELLING incognito with a company of highly intelligent army officers, a few days ago, we inquired of them what diseases were already most prevalent and most to be feared among the troops at the various encampments and depôts. "Diarrhoea and typhoid fever," was the reply from each officer. And in answer to the inquiry—What simple, non-medical measure would most effectually protect the soldiers from those maladies?—the response, from their own observations and large experience, was—"Flannel! soft woollen shirts, in the hottest weather, and always, a broad flannel roller about the abdomen, double in front." More sensible advice could not be given.

At a large meeting of the Medical Men in this city and vicinity, held at the College of Physicians and Surgeons, June 3d, the following Resolutions were adopted:—

Resolved—That the physicians assembled at this meeting, hereby respectfully express the opinion that the welfare of our volunteer troops requires that there should be an increase in the number of medical men in each Regiment.

Resolved—That experience has demonstrated the utility of ambulance corps and ambulances, and we, therefore, earnestly recommend that to every regiment there be attached a well trained ambulance corps, furnished with suitable ambulance carriages and appliances for the safety and comfort of the wounded.

Resolved—That a copy of these Resolutions be forwarded to the Surgeon-General of the United States Army, the Surgeon-General of New York, and the Medical Director of the New York Volunteers.

We have reason to believe that these humane provisions for the wounded will be promptly provided by the proper authorities. The nation's private professional zeal and skill in devising means for alleviating the inevitable calamities of the war now in progress, are respectfully headed by the Federal and State Bureaux. Improved stretchers and flying ambulances are being introduced into the service, and no hindrance offered to the increase of such means by civil aid. Already the Union Defence Committee have forwarded to the seat of war *fifty ambulance carriages*, and the New York Medical Association for Hospital Supplies have furnished an incredible number of their improved field *stretchers*. Every practicable suggestion and plan for the hygienic protection of the troops is cordially received and promptly

adopted, as has been signally illustrated in the experience of the Sanitary Committee that was recently sent to Washington from this city. No Government ever before has so promptly and wisely utilized the voluntary offerings of the people.

Reviews.

A TREATISE ON HUMAN PHYSIOLOGY; designed for the use of Students and Practitioners of Medicine. By JOHN C. DALTON, JR., M.D., Professor of Physiology and Microscopic Anatomy in the College of Physicians and Surgeons, New York, &c., &c. Second Edition, revised and enlarged. With Two Hundred and Seventy-One Illustrations. Philadelphia: Blanchard & Lea. 1861, pp. 690.

WE are not surprised that a second edition of this excellent treatise has been called for so soon. Though not complete in all the branches of physiological study, it is still so compact in style, so forcible and direct, and withal abounds with such evidences of original research, that the work commends itself strongly to the student. The additions to this edition are numerous and valuable. An entire chapter is added on the Special Senses; "new views and facts" are added to the chapter on the Cranial Nerves; a chapter on Imbibition and Exhalation, and the Functions of the Lymphatic System. Twenty-two new illustrations have been added.

THEORY AND PRACTICE OF THE MOVEMENT CURE, by the Swedish System of Localized Movements. By CHARLES FAYETTE TAYLOR, M.D. With Illustrations. Philadelphia: Lindsay & Blakiston, 1861. 295.

THE "movement cure," as it is called, has received, we are persuaded, far too little attention from the profession in this country. This is not owing to its intrinsic merits, but is due to that thoroughly rooted prejudice in the medical mind against new specialities which claim by one method of treatment to cure nearly all diseases. It is well, perhaps, that this prejudice exists, as it saves the profession from adopting, with that unquestioning incredulity which characterizes other classes, the absurd theories and inventions of charlatans. But this distrust should not be allowed to forbid examining such theories as are based upon plausible grounds, with rational methods of explanation. Such we believe is the movement cure. It aims to correct deranged conditions by the development of those muscles or organs which have been long in abeyance from diseased actions. In the words of the author, "the movement cure treatment is simply certain physiological principles put in practice."

The work of Dr. Taylor is a systematic treatise, containing the principles on which this treatment is based, and full and explicit directions in their application to individual diseases. The author discusses the nutritive processes, muscular contraction, and the physiology of general exercise, the subjects of the first three chapters, in a most satisfactory manner. Every physician should study these subjects, for they embrace principles which underlie the rational treatment of chronic diseases. The following, on the physiology of general exercise, is an example of the author's style of treating his subject:

"It is commonly supposed that the effect of exercise is principally on the muscular tissue, but such is not the case, for movements with muscle alone would be impossible except in a few insignificant instances. Every movement requires not only the muscles engaged, but also every other part of the organ moved—vessels, tendons, ligaments, and bone. It is not the muscle alone, but the limb that moves. And if development is the result, the muscular tissue receives only its share of such development. It is just as necessary to the development of bone that

it should perform its part in the exercise—that is, to sustain the muscles, their origins and insertions—as it is for the muscles to perform their part in the movement of the member. It can be easily seen that the bones and all other tissues besides the muscular are necessary to the perfect action of the leg, and that the development of all these tissues is as much dependent on and affected by the exercise which all are employed in making, as any one tissue.

"But this is equally true of every other part of the body; of the trunk as well as of the extremities. The muscles of the chest, for instance, cannot act independently of the lungs beneath them; but taking the thorax as a whole, the lungs form a part of that apparatus, and the force, direction, and perfection of all motions of that part of the trunk depend directly on the condition of the thoracic contents. And every movement implicates the lungs, heart, etc., as a part of the moving apparatus; and the result of the movement, whether it be development or exhaustion, embraces the contents of the chest as well as the bones, ligaments, and muscles, for the reason already given, that the contents were necessary to the perfect movement.

"We move in general exercise not the muscles of the body alone, but the body as a whole, and hence the nature of the exercise we take affects us as a unit. This is plainly seen in the physical characteristics, anatomical conformations, peculiar diseases, and even marked intellectual and moral distinctions in different classes of men, according to their trades and avocations, amusements and recreations."

The author's remarks upon the kind of exercise required for the development of muscles, the influence of dress upon the health of women, &c., are in excellent taste.

The second part of the work is devoted to the therapeutical application of these principles. We cannot follow the author in his illustrations of this part of his work, but must simply commend the volume to the earnest attention of the profession.

I. HAND-BOOK FOR THE MILITARY SURGEON, WAR SURGERY, ETC., ETC. By CHARLES S. TRIPPLER, A.M., M.D., Surgeon U. S. A., and GEORGE C. BLACKMAN, Professor of Surgery in the Medical College of Ohio, etc. Cincinnati: ROBERT CLARKE & Co. 1861. 12mo., pp. 121. [With an Appendix of Supply Tables, etc., from the Army Regulations.]

II. A MANUAL OF MILITARY SURGERY; or, Hints on the Emergencies of Field, Camp, and Hospital Practice. By S. D. GROSS, M.D., Professor of Surgery in the Jefferson Medical College. Philadelphia: J. B. LIPPINCOTT & Co. 1861. 18mo., pp. 186.

III. A PRACTICAL TREATISE ON MILITARY SURGERY. By FRANK HASTINGS HAMILTON, M.D., Late Surgeon Thirty-third Regiment, New York State Artillery; Professor of Military Surgery, and of Diseases and Accidents incident to Bones, in Bellevue Medical College; Surgeon to Bellevue Hospital; Professor of Surgery and Surgeon-in-Chief to the Long Island College Hospital; Author of "Treatise on Fractures and Dislocations." New York: BAILLIERE BROTHERS, 440 Broadway. 1861. 8vo., pp. 234.

WAR makes most urgent demands upon the intellectual no less than the physical resources of a people. It requires quick and effective work, and decided concentration of purpose. The three books on Military Surgery which have reached us during the past week from the three great military centres of the North and West, have been prepared and are brought forth in harmony with the spirit and demands of the times; and it is a subject for congratulation that three American Surgeons who have most justly and largely earned the confidence and esteem of their brethren have been moved by the same ennobling professional and patriotic motives to undertake, each in his own way, a work that was greatly needed.

Considering the inevitable haste attending the preparation of these brochures, they are all peculiarly worthy of their authorship. They will certainly be very highly appreciated by the thousands in our profession who now for the

first time have their attention called to the great practical questions of military surgery and camp hygiene.

The medical profession, especially those engaged in the volunteer service, and the public, military and civil, owe a debt of thanks to these authors for their timely and valuable hand-books.

Dr. Tripler's work appeared first, and he has honestly and successfully endeavored to supply a want long felt. He has furnished a guide to the young medical officer for the exact performance of his duties, and a medical and surgical treatise of very great value.

The division of the work is excellent, and proceeds in regular gradation from the method of obtaining supplies, preserving the health of soldiers, and organizing hospitals, to the highest problems of the treatment of disease, and of the multiform and complicated injuries of the battle-field. The chapter on military hygiene is admirable, and exhausts the principles which lie at the basis of all measures for preserving health in crowded communities. We think, however, its details could with advantage undergo amplification. There is nothing which is so easily overlooked, or to which the minds of all, both officers and men, become so soon habituated, as the neglect of the simplest rules of health. The medical officer is human and military, and falls into the same indifference.

In this connexion we urgently recommend regular and frequent systematic medical inspection of all commands by the senior medical officers, with authority for the purpose of anticipating morbid tendencies and discovering epidemic influence. Under the same head would come prophylaxis and the prevention of malarial disease by quinine. The question here raised must be passed over for the present, as the limits of this review forbid its full discussion. The indispensable necessity of thorough previous examination of recruits is insisted on, and the certainly fatal consequences of its neglect pointed out. There can certainly be nothing more cruel or unprincipled than for an examining physician to pass men physically disqualified for the life of a soldier. In Dr. Hamilton's treatise we find the subject of recruiting ably treated, twenty-two pages being devoted to the consideration of principles and rules to be observed in the examination and trial of recruits. As Dr. Tripler has already published, by authority of the War Department, a most valuable Manual upon this subject, he omits a repetition of it in his Hand-Book. It will be fortunate for the success of American arms, as well as for the safety of the miserable individuals who make up the majority of the sick lists in volunteer regiments, if Professor Hamilton's admirable instructions on the subject of recruiting are heeded by regimental surgeons and medical inspectors.

The chapter on camp dysentery, which has always been the curse of American armies, is the most complete and succinct we have ever read. It furnishes the young army surgeon with the safest and best rules of practice, and with certain directions for diagnosis. One great point is the time of administering purgatives. Many cases of diarrhoea and dysentery can be cut short by the sulphate of magnesia, as Dr. Tripler recommends.

There is a form of pure dysentery which is apt to follow the sudden supply of fresh beef to healthy men who have been long accustomed to salt provisions. In this form sulphate of magnesia is a specific.

A soldier, after a long and painful march, and with an exhausted nervous system, often eats greedily of coarse and perhaps ill-cooked provisions. The exhausted brain refuses the requisite supply of nervous power to the stomach, and the food becomes a mass of foreign decomposing matter. Such a man seldom complains at the time, and he is fortunate if severe diarrhoea relieve him of the irritating contents of his bowels. Such attacks, when discovered, are of course to be recognised as conservative efforts of nature, and are to be simply modified if excessive. The shock of overloading the stomach in the state of exhaustion referred to, is not uncommonly fatal in hot weather.

The principles of medical treatment are sound and highly

conservative. The recommendations respecting Fowler's Solution and the perchloride of iron are worthy of general attention and extended trial.

Opium is, after all, the great remedy for soldiers. Under circumstances of great privation, depression, and suffering, it should be judiciously given to both officers and men, to support nervous power, and calm and mitigate irritation and distress.

The chapter on gunshot wounds is able and learned, and in some respects in advance of any other work. The duty of trying to save a thigh fractured by a bullet where the principal vessels and nerves are uninjured, is asserted, always, however, with subordination to the means at command. It should always be tried on the field, even if hand carriage could be obtained, so that the patient need not be disturbed from his position. It would be out of the question in an ordinary ambulance conveyance.

Unnecessary dressing of gunshot wounds is condemned, and tents, setons, and ointments receive their quietus. The directions in respect to foreign matters in the wound, and the ball itself, are precise, and in harmony with true surgical principles. This chapter must be faithfully studied.

The chapters on wounds and injuries of the chest, amputations, wounds of the abdomen and head, very nearly exhaust their respective subjects.

The directions for amputation are in the highest sense conservative, consistent with the exigencies of field service. We have reason to believe that the subject of exsection would have been more fully discussed if time had been allowed the author to complete his work.

Dr. Hamilton has also dismissed this important subject without discussion, doubtless relying upon the military surgeon's intimate knowledge of the history and results of resections. Dr. Gross has properly encouraged these conservative efforts of surgery, and refers to the experience of the Crimea in the operations for resection of joints, the statistics of which should be pondered by surgeons in our army.

Resections at shoulder in Crimea	41 cases	3 deaths
" elbow in Crimea and Schleswig-Holstein	82 "	16 "
" hip (six cases being in the Crimea)	11 "	10 "

We purposely refrain from entering into any discussion of the numerous surgical points which arise in reviewing a work of this kind. We simply desire to see it in the hands of every candidate for the honors and dangers of military surgery.

The work is written throughout with a calm, highly philosophical spirit, and shows in every line an intense love of truth, and a thorough honesty of purpose. It is the result of a long life, which has been rich in well digested experience, and is the product of a sound, highly educated intellect.

Prof. Blackman has performed his portion of the labor in an efficient manner, and the work presents the combined maturity of an experienced military surgeon, with the freshness and vigor of a civil surgeon of high character and increasing reputation.

The book contains an analysis and *resumé* of the experience of the best authors, and is a complete text-book for the field. We hope Dr. Tripler will, after the close of the present war, give us another edition, with the fruits of his experience, and that which the war will give, especially with reference to resections and amputations through joints, Pirogoff's operation, etc., etc. We understand that Dr. Tripler condemns Chopart's and Syme's operations, and advocates Pirogoff's.

New and enlightened legislation is required on the important subject of military medicine. Skillful generalship against disease is absolutely demanded, and the intelligent public sentiment of the country will respond to wise and liberal legislation. Above all it is necessary that the men who have shown the possession of the requisite knowledge, skill, and ability, should receive the direction of these affairs. A first class man, who has the endorsement of the profession, should be at once made Medical Director, for

the field and camp service of our army, or at least for the voluntary troops, with the rank of Major-General, and put on the staff of the Commander-in-Chief.

(To be continued.)

Progress of Medical Science.

MATERIA MEDICA AND PHARMACY.

Extemporaneous Pharmaceutical Preparations.—In the May number of the *American Journal of Pharmacy*, we find an Essay by William H. H. Githers, in which the writer remarks, that having observed a great want of stability in the mixtures of extract of *cannabis indica*, resin of *guaiacum*, and balsam of *tolu*, as called for by the usual extemporaneous prescriptions of physicians, it occurred to him that much more elegant preparations might be introduced to take the place of some of those now in use. He therefore instituted a series of experiments for the purpose of arriving at the best method of dispensing certain remedies.

Cannabis Indica.—In order to best suspend this extract in aqueous mixtures, it was found by experiment that the extract should be first triturated with olive oil, with which it readily forms a transparent solution. This mixed with mucilage of gum arabic, and sufficient water added to fill the required measure, forms a mixture entirely permanent. The extract, if good, being soluble in all proportions of olive oil, the formula will answer for both dilute and concentrated mixtures.

Resin of Guaiacum in aqueous mixture.—One drachm of the resin triturated with half a drachm of carbonate of soda and a few drops of water, formed a pasty consistence, which was made into an emulsion with one drachm each of gum arabic and water q. s., to measure one fluid ounce. A slight deposit only occurred. The soda gave it a flavor strongly resembling that of cloves.

Balsam of Tolu.—Of the five experiments tried for suspending balsam of *tolu* in aqueous mixtures, the following was the most successful:—One drachm of the balsam was triturated with half a drachm of carbonate of soda and a few drops of water, until of a smooth consistence; it was then made into an emulsion with one drachm each of sugar and gum arabic, and a sufficient quantity of water to make one fluid ounce. A slight deposit occurred.

Pills of Iron by Hydrogen, and other insoluble substances, can readily be made into a tough mass of proper consistence, by the use of a small portion of powdered tragacanth with honey. Pills containing camphor may be readily made by using soap and honey as excipients, unless these are contraindicated by the accompanying constituents of the prescription.

Sugar-coating Pills.—First moisten the pills with a strong solution of balsam of *tolu* in ether or chloroform, throwing them immediately into a box containing sugar in a very fine powder, and shaking the box for a few minutes.

ON CHLOROFORMIC SOLUTION OF GUTTA PERCHA.

The same Journal publishes in advance of the forthcoming edition of the *Pharmacopœia*, the following formula for a colorless solution of gutta percha in chloroform, remarking that Mr. William Hodgson, Jr., first introduced a dark-colored impure solution as an application for abraded surfaces, and subsequently ascertained a method of depriving the solution of color, so as to yield by evaporation a colorless layer when applied to the skin. At the request of Dr. George B. Wood, Mr. H. cheerfully communicated his formula for the use of the *Pharmacopœia* Committee, with whose sanction it is now published.

Take of Gutta Percha, in small slices, an ounce and a half, Chloroform, twelve fluid ounces, Carbonate of Lead, in fine powder, two ounces. To eight fluid ounces of the chloroform contained in a bottle, add the gutta percha, and

shake occasionally till it is dissolved; then add the carbonate of lead, previously mixed smoothly with the remainder of the chloroform, and having shaken the whole thoroughly together, several times, at intervals of half an hour, set the mixture aside and let it stand for ten days, or until the insoluble matter has subsided, and the solution has become limpid, and either colorless or of a light straw color. Lastly, decant, and keep the solution in a glass-stopped bottle.

OLEUM GOSSYPII (COTTON SEED-OIL).

The immense facilities for the manufacture of this oil, and the low price at which it may be procured, induced W. H. Weatherly, of Freehold, New Jersey, to select it as a subject for an Inaugural Essay presented to the Philadelphia College of Pharmacy. The oil is obtained from the seed by expression (a process similar to that for obtaining linseed oil), and as found in the market, is of four qualities, viz. crude, clarified, refined, and winter-bleached. With the last named quality, the writer conducted some experiments, with the view of ascertaining how far it may be substituted for the more expensive oils in our pharmaceutical preparations. In substituting it for oil of almonds in *unguentum aquæ rosæ*, it made a perfectly smooth, white ointment, in no way inferior to the official, and keeping equally as well. It was quite as successfully substituted for olive oil in *ceratum plumbi subacetatis*, and for neatfoot oil in *unguentum hydrargyri nitratis*. In making the ointment, it was found necessary not to heat the oil and lard too hot, else, upon adding the nitrate of mercury, a deposit of a soft resinous consistence will be thrown down, evidently containing a portion of the mercury. If the oil be too cold, no effervescence will occur upon adding the nitrate of mercury, and it will be found to remain too soft, almost liquid. If carefully prepared, the result is a perfectly smooth, uniform ointment, of a rich orange color, and of proper consistence, which it will be found to keep a great length of time. In using it for preparing *emplastrum plumbi*, some very pure litharge was procured, and the operation conducted with a great amount of care. The result was a perfectly uniform plaster, in which every particle of litharge was combined; but it would not acquire the proper consistence. It was substituted for olive oil in *ceratum cetacei*, *linimentum ammoniæ*, and *l. camphoræ*, making in each instance a preparation quite equal to the official. Its specific gravity is .921; it is insoluble in alcohol, soluble in chloroform in all proportions, and in not less than its own bulk of ether. Sulphuric acid turns it to a deep red color, almost a brown. Nitric and hydrochloric acids have no effect upon it either hot or cold. If the oil be heated much above the boiling point, it will take fire and burn with a reddish flame, giving off but little smoke; and if the heat be removed, the color of the flame will gradually change to a pale blue, similar to that of burning alcohol, and finally die out, leaving part of the oil unconsumed. Being a domestic oil, always pure, and about one half the price of olive oil, it might make a valuable addition to our official list.

CRUELTY TO ANIMALS.—Earl Cowley had the honor of presenting to the Emperor of France, on Sunday last, a deputation from the Society for the Protection of Animals, of London, when they presented to his Majesty an address from the Society. The deputation was composed of General Sir John Scott Lillie, Mr. Gurney, M.P., Mr. John Curling, and the Rev. Thomas Jackson. The deputation called the attention of his Majesty to the subject of vivisection, which has long occupied the attention of the Paris Society for the Protection of Animals, and of other similar Societies in Europe. The Emperor, without wishing to prejudice the scientific part of the question, assured the deputation that an inquiry should be instituted in the matter.—*Dublin Medical Press.*

Dr. Fischer states (*Wiener Allg. Zeit.*), that vomiting after the inhalation of chloroform may be prevented by a glass of wine, taken before the anæsthetic is administered.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, April 10, 1861.

DR. A. C. POST, PRESIDENT, IN THE CHAIR.

(Continued from page 361.)

PERFORATING ULCER OF STOMACH.

DR. FINNELL exhibited a specimen of perforating ulcer of the stomach, taken from the body of a woman, 30 years of age, the history of whose case, as obtained from her sister, was as follows: About three years ago the patient was suddenly taken ill with a violent pain in the abdomen, accompanied by fever, sick stomach, and other signs of local inflammation. She was confined to her bed for several weeks, but eventually regained her health. Up to two weeks ago she was in the enjoyment seemingly of perfect health; she then complained of a sense of fulness and uneasiness of the stomach, which, after lasting for the better portion of one day, passed away. The day preceding her death she was engaged in household affairs, and was not complaining of any special ailment, when, at 11 o'clock in the forenoon, she was seized with an attack similar to the one she had suffered three years before. A physician being sent for prescribed opiates, which she continued to take during the remainder of that day, with, however, very little relief. She continued to grow worse until the next morning, twenty-four hours after the attack, when she died.

At the *autopsy* the moment the abdomen was laid open, a gush of two or three quarts of purulent fluid followed. Search was then made for the cause of all this, when an opening was discovered in the stomach about midway between the greater and lesser curvature. The ulcer on the peritoneal surface was not larger than a three-cent piece, and seemed as if made by a punch; and the one upon the mucous surface, with which it communicated indirectly, was as large as a twenty-five-cent piece. The tissues in the neighborhood of these ulcers were very much thickened, the result of old inflammatory products. The point of interest in the case was the cause of this deposit of pus, as it evidently was not due to the present inflammation. It was conjectured to be the result of the attack three years previous. In conclusion, Dr. Finnell remarked that this was the sixth specimen of ulcer of the kind which he had presented to the Society, and in one of these the opening had healed, the patient dying of another disease. In only two the opening was upon the posterior surface. All but one were females.

DR. SANDS thought that the larger ulcer was the only one which perforated the stomach proper, while the smaller opening only traversed a layer of exudation.

EPITHELIAL CANCER OF TONGUE;—ECRASEUR.

DR. PARKER presented a portion of the anterior half of the tongue, which he removed from a gentleman, 53 years of age, a week ago that day. The disease first commenced as a small tumor on the left side of the tongue, about midway between its tip and a point opposite the last molar tooth. When the swelling had continued for some time, and grew larger, he consulted a physician, who prescribed astringents, and arsenic and bromides internally, but without any good effect. Dr. Parker saw him a week ago last Saturday, and found a large warty-looking tumor occupying nearly the whole of the left side of the tongue. The difficulty seemed to be entirely of a local character, none of the glands in the neighborhood having been involved. Dr. Parker advised an operation. Dr. Buck, who afterwards saw the case, came to the same conclusion, and the patient consenting Dr. Parker removed the mass. A trocar and canula was carried through the centre of the tongue from below upwards, entirely behind the diseased portion. By means of the canula a portion of iron wire was passed

through, the ecraseur applied, cutting through the substance of the tongue laterally towards the right. This part of the operation occupied about seven minutes. The common ecraseur was then used, and the remaining portion of the organ cut through; this procedure occupied about twenty-one minutes. Some considerable difficulty followed from hemorrhage, which was arrested by the application of cold. Dr. Parker stated that the ecraseur in these cases, according to his experience, could not be relied upon to prevent hemorrhage. The patient after the operation did remarkably well. The mass proved, on microscopic examination, to be of the character of epithelial cancer, but inasmuch as none of the parts in the neighborhood were involved, a favorable prognosis was given.

HYDATID CYST;—ECHINOCOCCUS HOMINIS.

DR. SANDS exhibited a hydatid cyst removed from the neck of a lady by Dr. Parker. The lady from whom the tumor was removed presented a small swelling at the upper and left side of the neck, near the angle of the jaw, which had existed for seven years. Various opinions had been expressed as to the nature of the tumor by different surgeons in different countries, some advising its removal and others not. Dr. Parker saw the patient a short time since, and removed the tumor without any difficulty. An incision about 1½ inches in length, parallel with the inner border of the sterno-cleido-mastoid muscle, was made through the integuments and superficial fascia, when the cyst came into view. The matter of interest in connexion with the tumor is its nature, it being a hydatid cyst similar to that seen in the substance of the liver and other internal organs. The cyst wall was composed of fifteen or twenty layers of granular material, while the internal surface of the cyst was filled with a soft, solid, granular substance. The granular substance being placed under the microscope displayed a great number of the *Echinococcus hominis*. These were very perfect in their outline; some of their hooks were retracted, while others protruded.

The Society then adjourned.

Correspondence.

THE LUNACY BILL.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—The remarks which accompanied a synopsis of this Bill, which you presented to your readers under date March 30, seem to give an incomplete view in some respects of its spirit and intention. Regarding it as very desirable that there should be a concentrated and harmonious effort to accomplish an object so generally considered as being meritorious in every point, I beg leave to make the following statements:

It was the intention and design of the movers in this matter, now more than two years since, to confine the duties of the proposed Commission to insanity alone, under the impression that there was enough to engage the undivided attention of one competent physician. A Bill, however, was framed and presented in the Senate by our very worthy friend, Senator P. P. MURPHY, which extended the duties of the Commission to non-legitimate purposes, and, so much so, that insanity was made a secondary matter, and quite lost sight of, so far as the establishing of a uniform supervision in the county establishments and public asylums is concerned. I believe the Bill never progressed beyond its first reading.

In relation to the Bill now before us, if the sanitary provisions referred to in your editorial remarks were contained in section seven, it would, doubtless, require the time of two or more Commissioners to perform its duties; but it was concluded by the framers of this Bill, as we understand

it, and after much deliberation, that the public mind was not prepared to extend the liberality necessary for defraying the expenses of *such* a Commission; and hence it was thought advisable to restrict its limits, until the whole can be accomplished.

It will be noticed then that in section seventh of the Bill, the visits to "all almshouses, poorhouses, lunatic asylums, and jails" are to be made, only for the purpose "of ascertaining the number of insane inmates," and that "the methods of treatment, the general condition and wants of such establishments" refer only to that unfortunate class; and that no other individuals are alluded to in the remotest manner in any other part of the Bill. If there is any ambiguity in this section, the framers were unfortunate in their expression. On the contrary, if it had been intended to so extend the duties of the Commission, as to provide for the supervision intimated, the whole countenance of the Bill would have presented a different expression.

If it were possible to procure an appropriation sufficiently large to cover the whole ground of pauperism at once, and which would support a requisite number of commissioners to do the work, there could certainly be no valid objection, and I would gladly give it my hearty sanction and support. It is to be hoped that this will ultimately be accomplished.

Whichever plan is decided upon, it is to be hoped that, before another meeting of the Legislature, it may be fully matured, that it may be established by that body.

It is unfortunate for humanity that Mr. Bingham (as you intimated, April 20th) should have strangled this Bill in the Assembly. It was indeed unfortunate for him to assume that the legal profession is fully competent to investigate a case of insanity of any shade; and hence the want of necessity for that part of the Bill that refers to the insane criminal.

The question then may be with confidence asked, whether the medical profession is not as capable to judge of the merits of any legal code as the men that have made it a study for years?

But this is not all; the mystery that is involved in the connexion of mind and matter has not been solved by any living man. The effects only of the operations of the one, upon the other inversely, have been the study of the ablest minds for centuries, and the light reflected by such labor, enables the *physician* of the present day to arrive at certain conclusions and standpoints, peculiar to his own position in the field of science.

In fact, the bench and the bar, the courts and the jury, are looking to the medical profession for light and direction in this matter, and although the delay is unfortunate, it will nevertheless, we hope, arouse a more vigilant and harmonious action to secure its success in the future.

Besides the demands of humanity and justice, much more, in a pecuniary point, than the expenses to support the Commission would be saved to the counties in the aggregate.

Much might be said confirmatory of this fact; for it is notorious that within a short time, in one single case, it has cost the county of Genesee enough to support a Commission for a term of years, which would have been averted, if the insanity could have been decided by a Commission before trial; and which, after conviction upon the fifth trial, was decided by a special Commission made by Governor MORGAN, Drs. HALL and GRAY.

Since that time, in the case of CURRY, conviction was obtained, and the gallows erected for his execution, and it was only with great vigilance prevented.

Here, too, Governor MORGAN appointed a Special Commission, composed of Doctors RANNEY and BROWN, who detected sufficient unsoundness of mind to procure a commutation.

It is to be recorded here with great satisfaction to humanity, and triumph to science, that these physicians, through their expertness and skill, saved the lives of two irresponsible beings.

In those two cases, the shade of insanity was light and the medical testimony upon trial conflicting; which it is too well known is not an uncommon thing, and that too, from unavoidable circumstances, under the present arrangement of things. But in both instances, after a few months' incarceration, they were transferred to the Asylum.

Yours, etc.

L. B. C.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—The following brief notes of a case, which occurred here recently, will be interesting perhaps in connexion with the unfortunate death of your late talented contributor, Dr. E. J. Fountain, of Iowa.

G. P., aged 48, a stout, plethoric individual, of intemperate habits, applied to me a few weeks ago, complaining of disorder of the stomach, but especially of soreness of the gums, and looseness of the teeth, which, he was afraid, would drop out. The incisor teeth were quite movable in their sockets, and the gums were livid, spongy, and much tumefied. He had taken no mercury, and had been living as well as usual. I prescribed three powders, each containing three drachms of Squibb's chlorate of potash, with directions to dissolve each powder in a pint of water and drink it in twenty-four hours; doing the same with each powder. As usual with this class of patients, he managed to misunderstand or forget the directions, and so took the three pints, containing nine drachms, in twenty-one hours. He called me in the following day complaining of nausea; he vomited after taking the *last* wineglassful of the solution; but after no other dose. He said, however, that his gums were decidedly better. The sickness continued for a few hours, then subsided spontaneously, and his mouth was in a healthy state in a few days with no further treatment.

It will be remembered that Dr. Fountain was killed by an ounce of the medicine taken at one dose.

FREDERICK D. LENTE.

COLD SPRING, May 22, 1861.

FOREIGN CORRESPONDENCE.

[Letter from DAVID P. SMITH, M.D.]

EDINBURGH.

January 22.—Professor Simpson mentioned rather a novel way of expediting labor when the head was resting on the perineum and the pains were insufficient to complete the delivery. He said that it was so tantalizing to see the head advance every pain and then recede by the resilient force of the tissues, that one practitioner, to his certain knowledge, getting impatient at this delay, and having no forceps, actually stuck a fork into the fetal scalp so as to be able to prevent its receding at the conclusion of every pain. He saw the case in consequence of the occurrence of sloughing from this unjustifiable *forking* of the poor innocent. Delivery can often be accomplished immediately in these cases by passing a forefinger up the rectum and hooking it over the brow or supra-orbital arch. In this way the receding of the head at the end of the pain can easily be prevented, and then the next one or two pains will suffice to expel the head. He narrated a case, where he had been called by two practitioners to apply the forceps, and had immediately procured delivery in this way. The head must be well down, else the supra-orbital ridge cannot be reached by the forefinger. Dr. Geo. T. Elliot's long forceps he commended highly, although thinking that there was but little danger of over-compression of the fetal head; less danger with the long than with the short forceps. The fillet appeared to be dangerous and inefficient, and a case was narrated where a foetus was decapitated by its use. The vectis he had never been able to do any good with.

January 24.—Professor Syme stated that the case of injury to the brain, which I have recently reported, had, after three weeks without a bad symptom, suddenly turned bad; head symptoms of a threatening character had begun to show themselves, and a fungus cerebri had appeared. A

housemaid's knee of large size was punctured, the serum drawn off, and tr. iodine thrown in and allowed to remain, the sac being violently shaken. This treatment, Professor S. remarked, was suited for cases of long standing, large size, and indurated feel; for those of smaller size and more recent origin, simple evacuation of the serum and a blister was sufficient. A cancerous ulcer upon the side and root of the nose was shown, which had been much benefited by the application of chlor. zinc and flour, equal parts. To allay pain, give opiate one half-hour before the application. When a large cancerous mass has to be removed, sulphuric acid mixed with saw-dust or some such recipient should be used. It is, however, difficult to limit its action. A man was now shown who had a malignant ulcer on the groin, which had been growing for nine years. As it was situated directly over the large vessels, Professor S. directed the application of chloride of zinc to it. The great fetor was mentioned as, in some degree, diagnostic. A young man was next shown who, five months ago, had a severe fall, and was supposed to have broken a rib. A fortnight ago he applied to Professor S., with a tumor in the side, the character of which was doubtful; now, it was plainly an abscess, and on being opened discharged a large amount of bland pus. It was freely opened, after that Professor S. had made a small puncture into it, and inserting his forefinger therein, ascertained that it was not connected with any diseased bone or visceral disease. A large bunion gave the Professor opportunity to remark that the disease was irritation of the bursa mucosa and not primarily disease of the bone or of the joint. Where fistulous openings exist, if one is formed between the great toe and the toe next it, the joint is probably diseased. Professor S. said that a student, knowing his interest in the subject, had once sent him quite a number of feet with this affection, which were obtained in some public hospital or workhouse in Ireland, and, by careful examination he had arrived at the opinion stated above. The prevention and cure of this distressing affection was accomplished by one thing only, the having the sole of the shoe the whole width of the tread of the foot.

January 28.—Professor Bennett, to-day, made some very interesting remarks upon the treatment of phthisis. Good diet, plenty of exercise in the open air, and not too mild a climate are the principal and prominent features of his plan. He thinks that nothing is gained by going to a mild climate, but that of course changeable weather is prejudicial. All kinds of cough medicines, opiates et id genus omne, he strongly deprecates, and uses in the way of medicine only codliver oil, and sometimes quinia.

Medical News.

APPOINTMENTS.

NEW YORK HOSPITAL.—Dr. M. K. Hogan, Junior Assistant. BELLEVUE.—Drs. A. L. Lowell and W. H. Martin, Junior Assistants.

ARMY AND NAVAL INTELLIGENCE.

Dr. C. B. White, of Bellevue Hospital, and Drs. H. M. Sprague and F. Town, of the New York Hospital, having passed the Army Medical Board, have been detailed for active service. Dr. White has been ordered to Fortress Monroe, Dr. Town to Washington, and Dr. Sprague to Mexico.

NEW YORK.—Seventy-ninth Regiment, N. Y. S. M.—Surgeon, James Norval. Tenth Regiment Vols.—J. Lovejoy, Surgeon.

Surgeon C. H. Lamb has been ordered to report to the Commander of the Department of Washington for duty as Medical Director and Purveyor for the troops (regulars and militia) in that Department.

Surgeon J. F. Hammond and Assistant Surgeons T. M. Getty and D. L. Magruder have been assigned to duty in the Surgeon-General's office.

Assistant Surgeon R. H. Alexander has been assigned to duty at the Washington Arsenal, D. C.

PROFESSOR HENRY H. SMITH has been appointed by the Governor of Pennsylvania Surgeon-General of the State. A Commission, consisting of three surgeons, has also been appointed to examine candidates for the posts of Surgeon and Assistants in the volunteer Regiments.

SURGEON-GENERAL OF THE UNITED STATES.—Surgeon Finlay has been appointed Surgeon-General, in place of Surgeon Lawson, deceased. The pay is \$2,740 a year.

STEAMER POCAHONTAS.—Surgeon, J. S. Kitchen. STEAM FRIGATE SUSQUEHANNA.—Surgeon, Joseph Beale; Assistant Surgeon, Chas. Martin. U. S. Sloop of War Vandalia.—Charles Everfield, Surgeon; Henry F. McHenry, Asst.

SAVANNAH JOURNAL OF MEDICINE.—Dr. Alfred B. Tucker has succeeded Dr. Juriah Harriss in the editorial management of this journal, which has also been changed to a bi-monthly. Dr. R. D. Arnold is associate editor.

THE meeting of the Medical Society of Pennsylvania, which was to have been held at Pittsburgh, has been postponed for one year.

SOUTHERN MEDICAL ASSOCIATION.—The following is one of a series of Resolutions passed at the last meeting of the Medical Association of the State of Georgia, held at Atlanta on the 10th and 11th of April:—

"Resolved, That in accordance with the foregoing preamble and resolutions, this Association will be no longer represented in the American Medical Association, and hereby declare its complete and final separation from that body."

The Secretary was directed to correspond with the State medical organizations within the limits of the Confederate States, with the view of organizing a Southern Medical Association.

FOREIGN ITEMS.—Dr. Jacob, editor of the *Dublin Medical Press*, lately was presented with a beautiful bronze medal. On one side it bears the portrait of the author, with the word "Jacob," while on the other side is the following inscription: "Arthur Jacob, M.D., F.R.C.S., Prof. of Anat. and Phys., Royal College of Surg. in Ireland, in commemoration of eminent services rendered to Science and the Medical Profession in Ireland, 1860."—Dr. Henry Bennet, after two years' residence in Italy, is sufficiently recovered to return to the active duties of his profession.—Professor William H. Porter, one of the surgeons of the Meath Hospital, died suddenly in Dublin on the 27th of April.—Mr. Noah Fox, one of the medical officers of the Nottingham Union Workhouse, committed suicide by laudanum; intemperance is supposed to have caused the act.—An inquest was held at Limerick, May 9, on the body of a man who died suddenly, after having had a Turkish bath at Dr. Barter's establishment. On post-mortem examination, it was ascertained that death was caused by the rupture of an aneurism, and the jury accordingly rendered a verdict, "that the deceased came by his death from natural causes, and that no blame was to be attached to the bath nor to any one connected therewith." In answer to a juror, Mr. Barter said that from the returns received by him from all the baths with which he was connected, the amount of baths taken daily was 200, and since they had been established in Limerick, 9,000 had been taken. He was in the habit of putting into the bath patients suffering from every organic disease, except aneurism, with impunity and with the most beneficial results.

EPIDEMIOLOGICAL RECORD.

SMALL-POX, measles, and diphtheria, are prevailing among the recruits at one of the regimental encampments near this city. Diphtheria also is prevailing to some extent in all the ranks of society in this city, but the malady is more mild at present than formerly among us. Will our correspondents keep us informed of the progress and character of this and other epidemic and endemic diseases? We design to make early and accurate records of the progress of diseases in the Army.

SMALL-POX is making sad havoc at Harper's Ferry and elsewhere among the Confederate troops. Typhoid fever and dysentery have also appeared in a fatal form at various points in the Southern States.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK,

From the 25th day of May to the 1st day of June, 1861.

Abstract of the Official Report.

Deaths.—Men, 94; women, 78; boys, 130; girls, 99—total, 391. Adults, 172; children, 219; males, 214; females, 177; colored, 7. Infants under two years of age, 137. Children reported of native parents, 13; foreign, 173.

Among the causes of death we notice:—Infantile convulsions, 32; croup, 7; diphtheria, 6; scarlet fever, 18; typhus and typhoid fevers, 16; consumption, 53; small-pox, 19; dropsy of head, 10; infantile marasmus, 21; puerperal fever, 1; inflammation of brain, 8; of bowels, 12; of lungs, 22; bronchitis, 9; congestion of brain, 4; of lungs, 7; erysipelas, 2; whooping cough, 1; measles, 12. 210 deaths occurred from acute disease, and 39 from violent causes. 258 were native, and 138 foreign; of whom 69 came from Ireland; 7 died in the Immigrant Institution, and 61 in the City Charities; of whom 15 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

May 1861.	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		Wind.	Mean amount of cloud.	Rain.
	Mean height.	Daily range.	Mean.	Min.	Max.	Mean.	Max.			
	IN.	IN.	°	°	°	°	°			
25th	29.60	.40	65	56	72	4	6	S. W.	5	.35
26th	29.56	.35	70	61	80	8	14	S. W.	1	1.5
27th	29.35	.40	70	63	75	5	9	S. W.	1	1.5
28th	29.70	.40	60	55	67	7	13	N. W.	.04	
29th	29.55	.30	59	52	67	6	15	W.	3	
30th	30.50	.30	61	52	70	10	15	W.	0	
31st	30.25	.10	68	58	80	9	16	S. W.	0	

REMARKS.—25th, Rain A.M.; very heavy shower at 8 o'clock. 26th, Temp. from 11½ P.M. to 2½ A.M. of the 27th, of rain, heavy hail, with much lightning and thunder. 27th, hazy A.M., thunder-shower at 2 P.M. 28th, Variable, A.M.; fresh wind all day. 29th, Very light rain early A.M.; fresh wind all day. 31st, Fresh breeze, P.M.

MEDICAL DIARY OF THE WEEK.

Monday, June 10.	NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M. BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M.
Tuesday, June 11.	NEW YORK HOSPITAL, Dr. Parker, half-past 1 P.M. EYE INFIRMARY, Diseases of Ear, 12 M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. ISLAND HOSPITAL, Dr. Sayre, 1 P.M.
Wednesday, June 12.	BELLEVUE HOSPITAL, Dr. Sayre. EYE INFIRMARY, Operations, 12 M. NEW YORK HOSPITAL, Dr. Bulkley, half-past 1 P.M. PATHOLOGICAL SOCIETY, 8 P.M.
Thursday, June 13.	OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Taylor, half-past 1 P.M.
Friday, June 14.	NEW YORK HOSPITAL, Dr. Parker, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M.
Saturday, June 15.	NEW YORK HOSPITAL, Dr. Bulkley, half-past 1 P.M. EMIGRANTS' HOSP., WARD'S ISLAND, Dr. Carnochan, 3 P.M. EYE INFIRMARY, Diseases of Ear, 12 M. BROOKLYN CITY HOSPITAL, Dr. Hutchison, 12 M.

SPECIAL NOTICES.

DR. C. F. HEYWOOD, the local Secretary of the Sydenham Society, has now a full supply of all the Works thus far published by the New Sydenham Society. Members are requested to call at No. 66 West Twentieth street, and get their copies, and at the same time pay the subscription for 1861. Those books which are not called for will be distributed by express.

OPERATIONS, AT WARD'S ISLAND HOSPITAL, on Saturday, at 3 o'clock P. M., June 8, by Dr. CARNOCHAN:—

Fistula in Ano.

For Hemorrhoids.

Resection of Metatarsal Bones, &c.

Surgeon General's Office, May 16,

1861.—In consequence of the increase of the regular army an "Army Medical Board" has been convened, and is now in session in New York city, for the examination of candidates for admission into the Medical Staff of the Army.

Applicants must not be less than twenty-one or over thirty years of age. Applications must be made to the Secretary of War, or through the Surgeon-General of the Army, stating the residence, place, and date of birth, accompanied by respectable testimonials of moral character.

MEDICAL DIRECTOR'S OFFICE, NEW YORK STATE VOLUNTEER FORCES, NEW YORK, Elm and White streets.

Surgeons of Regiments of the New

YORK STATE VOLUNTEERS are hereby informed that ample provision has been made by the State for the care of sick volunteers in the New York Hospital. None but enrolled and accepted volunteers, however, are eligible. Admission will be granted upon the order of the Regimental Surgeon subject to the approval of the Medical Director.

C. E. AGNEW, Medical Director.

Vaccine Lymph.—The subscriber has,

during the past three years, supplied Lymph in quantities and in every form for the vaccination of Military Companies, entire Regiments, Operatives in large Factories, Navy Yards, &c., &c., besides smaller orders of Physicians to the amount of nearly eighteen hundred; having been for the last two years the principal source whence the profession throughout New England has been supplied.

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BOOKS

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Fraser, P.—A Treatise upon Penetrating Wounds of the Chest. 8vo. London. \$1.55.

Gross, S. D.—A Manual of Military Surgery; or, Hints on the Emergencies of Field, Camp, and Hospital Practice. 24mo. Philadelphia. 50 cents.

Guthrie.—Commentaries on the Surgery of the War in Portugal, Spain, France, and the Netherlands. With Additions relating to the War in the Crimea. 8vo. London. \$4.65.

Hamilton, F. H.—A Practical Treatise on Military Surgery. Fully illustrated. 8vo. New York: 1861. \$2.

Herman, J.—Principles of Military Surgery, comprising Observations on the Arrangements, Police, and Practice of Hospitals, and on the History, Treatment, and Anomalies of Variola and Syphilis. 8vo. Edinburgh. \$5.

Macleod.—Notes on the Surgery of the War in the Crimea, with Remarks on the Treatment of Gun-Shot Wounds. 8vo. London. \$3.25.

Stromeyer, Esmarch, and Statham on Gun-Shot Injuries. 8vo. London. \$1.55.

Tripler & Blackman.—Hand-Book for the Military Surgeon. 12mo. Cincinnati. \$1.

Williamson.—Notes on the Wounded

FROM THE MUTINY IN INDIA. With a Description of the Preparations of Gun-Shot Injuries contained in the Museum at Fort Pitt. 8vo. London. \$3.75.

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do Iron reduced to Hydrogen.
do Official Chalk without odor.
do Dragées of Lactate of Iron.
do Ferrugineous of Nancy for Rusty Water.
do Lozenges of Citrate of Iron.
do do of Lactate of Iron.
do Saccharine of Citrate of Iron for Rusty Water.
do Syrup of Citrate of Iron.
do Syrup of Iodide of Iron.
do Poor Man's Plaster.
BERTHE—Cod Liver Oil.
do Syrup of Codeine.
BILLARD—Cresote.
BLANCARD—Pills of Iodide of Iron.
do Syrup do do.
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FLON—Lenitive Syrup.
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HEMEL—Powder for Dogs.
HOGG—Cod Liver Oil.
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